

2) Number of people released from the ATD program since 2018

Note that we understood this question as released from ATD meaning released from detention on an ATD and answered below accordingly.

a) Number of persons released from detention on ATD between January 1, 2018 and December 13, 2020:

DHAA Client Count	CCMS - Mandatory Residency	Community Case Management & Supervision (CCMS)	Deposit or Guarantee	Electronic Monitoring	In Person Reporting	Other Imm. Condition	Voice Reporting	Summary
Summary	65	469	81	39	3,900	720	296	5,570

\*Although it is possible for one person to be in more than one ATD program, each person in this table is counted only once. There is a priority given to the program and only the highest priority program appears for each individual. Ranking appears as follows: CCMS - Mandatory Residency = 1, Community Case Management & Supervision (CCMS) = 2, Electronic Monitoring = 3, Voice Reporting = 4, In Person Reporting = 5, Deposit or Guarantee = 6, Other Imm. Condition = 7.

b) Number of enrollments in an ATD program between January 1, 2018 and December 13, 2020:

ATD Program Type	Enrollment Count
CCMS - Mandatory Residency	68
CCMS ( without Mandatory Residency)	523
Electronic Monitoring	53
In Person Reporting	10,783
Voice Reporting	3,792
Overall - Summary	13,437

\*People enrolled in an ATD program may, or may not have been in detention prior to the enrollments. The same person may have enrolled in more than one program, which explains why the details by program may be higher than the actual number of different persons enrolled in an ATD in the overall summary row. Some people are directly placed on an ATD without being detained prior (i.e. they may be arrested but the decision to release on ATD is taken immediately without detention). For example, many low risk individuals are enrolled in the Voice Reporting program or the In-Person Reporting program without going into an actual detention facility. It is then possible to have a higher number of enrollments than the number of individuals released from detention on an ATD during the same period.

5) How many people are using EM through the ATD program

Number of persons using EM through the ATD program between January 1, 2018 to December 13, 2020:

Electronic Monitoring type	ATD Client Count
Electronic Monitoring - Quebec Pilot	4
Electronic Monitoring - Self Paid monitoring GTA	10
Electronic Monitoring - GTA Pilot	41
Summary	53

\*Self Paid monitoring existed in GTA long before the implementation of the expanded ATD and the EM Pilot Project. The Self Paid monitoring is used for clients for whom their lawyer recommended this option instead of detention and was monitored by a private company. The fees for this service were paid by the clients.

6) Demographics of people using the ATD program, e.g. Refugee claimant, Asylum seeker

Demographics of people using the ATD program from all enrolled between January 1, 2018 and December 13, 2020:

Refugee Claimants	9,538
Non Refugee Claimants	3,899

Summary	13,437
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# Community Case Management and Supervision (CCMS) Program

## Community Liaison Officer (CLO) Training

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## Training Aids

The following documents will be referenced throughout the training module. It will be helpful to have them on hand as you complete your training:

- Link to the ATD Tool Kit on Atlas
  
- Forms:
  - ❖ BSF801: Community Case Management and Supervision Referral
  - ❖ BSF802: Community Case Management and Supervision Agreement
  - ❖ BSF805: Community Case Management and Supervision Case Summary
  - ❖ BSF806: CCMS Change of Conditions
  - ❖ BSF807: Community Case Management and Supervision Report of Non-Compliance





## Context: The National Immigration Detention Framework

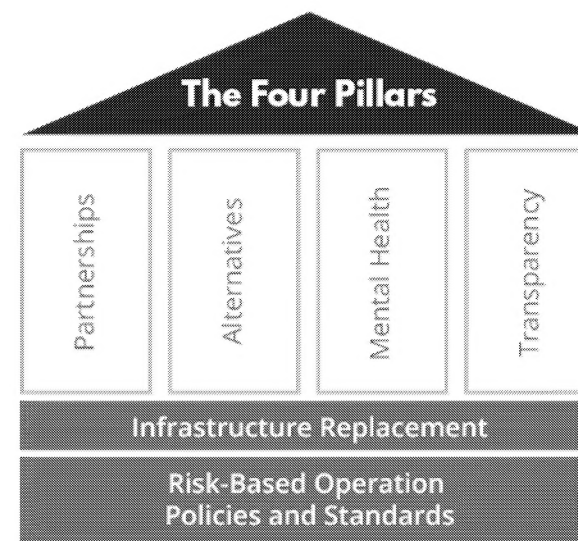
The National Immigration Detention Framework (NIDF), announced in 2016, enhances Alternatives to Detention (ATDs), provides better mental and medical health services at CBSA Immigration Holding Centres (IHC), expands partnerships and includes key investments to improve immigration detention infrastructure.

**Goal:** Persons treated fairly and commensurate with risk

### Outcomes:

- Safe, secure and humane detention conditions
- Improved detainee well-being
- Consistent, risk-based national program
- Sustainable and affordable

A key pillar of the NIDF is the identification of ATDs.



The four pillars of the national Immigration Detention Framework



## The Alternatives to Detention Program

- In accordance with the Immigration and Refugee Protection Act (IRPA), people are only detained when grounds for detention exist and after all ATDs have been considered.
- Although immigration detention continues to be a necessary immigration enforcement tool designed to preserve program integrity and public safety, the availability of ATDs may allow a person to be released under specific terms and conditions.
- On June 22, 2018, the CBSA launched the ATD Program, which provides officers with an expanded set of tools and programs that enable them to more effectively manage the needs of individuals released into the community, while achieving balanced enforcement outcomes. The ATD Program is founded on risk-based, nationally consistent programming for individuals deemed suitable for release.



## Expanded Alternatives to Detention

In addition to traditional forms of release,

- **In-Person Reporting**
- **Deposit**
- **Guarantee**

The ATD Program now includes:

- A **Community Case Management and Supervision (CCMS)** program that aligns in-community support services with individuals' needs to mitigate any risk factors;
- A national **Voice Reporting (VR)** program that will enable individuals to comply with reporting conditions using voice biometrics to report to the CBSA at a prescribed interval; and,
- An **Electronic Monitoring (EM)** Pilot Project in the Greater Toronto Area and Quebec Region that uses GPS and Radio Frequency technology to monitor an individual's whereabouts.



## Role of Service Providers: CCMS Services

- The CBSA has contracted Service Providers (SP) who are experts in community support programming, to facilitate the release and supervision of individuals subject to immigration detention through the use of CCMS.
- Individuals who are stable in the community are more likely to comply with IRPA requirements and conditions imposed, and CCMS improves the individual's ability to maintain a stable community living situation by supporting their health, wellness and autonomy through communication, education, identification of community resources, and facilitation of service.
- Contracts have been negotiated with the **Toronto Bail Program (TBP)**, the **Salvation Army (SA)** and the **John Howard Society (JHS) of Canada** for the delivery of programming.



## Voice Reporting (VR)

- VR allows individuals to report to the CBSA using their biometric voice print to confirm identity and fulfill a reporting condition as an alternative to in-person reporting. It is appropriate for individuals who have a history of non-compliance or pose a heightened risk to complying with immigration program requirements.
- VR adds the ability to capture an individual's physical location at the time of their reporting through Global Positioning System (GPS) functionality of their phones, and using cell phone tower triangulation. In instances where an individual fails to comply, this functionality is intended to assist the CBSA in initiating an investigation into their whereabouts.
- This new technology is less onerous for the individual when compared to in-person reporting as it does not require the individual attend a CBSA office. It is particularly well suited to individuals in remote or distant locations for whom in-person reporting would not be possible, or less practical.
- SPs may be asked to allow an ATD participant to call the VR system from a land line in their facility in situations where they lack a cell phone.



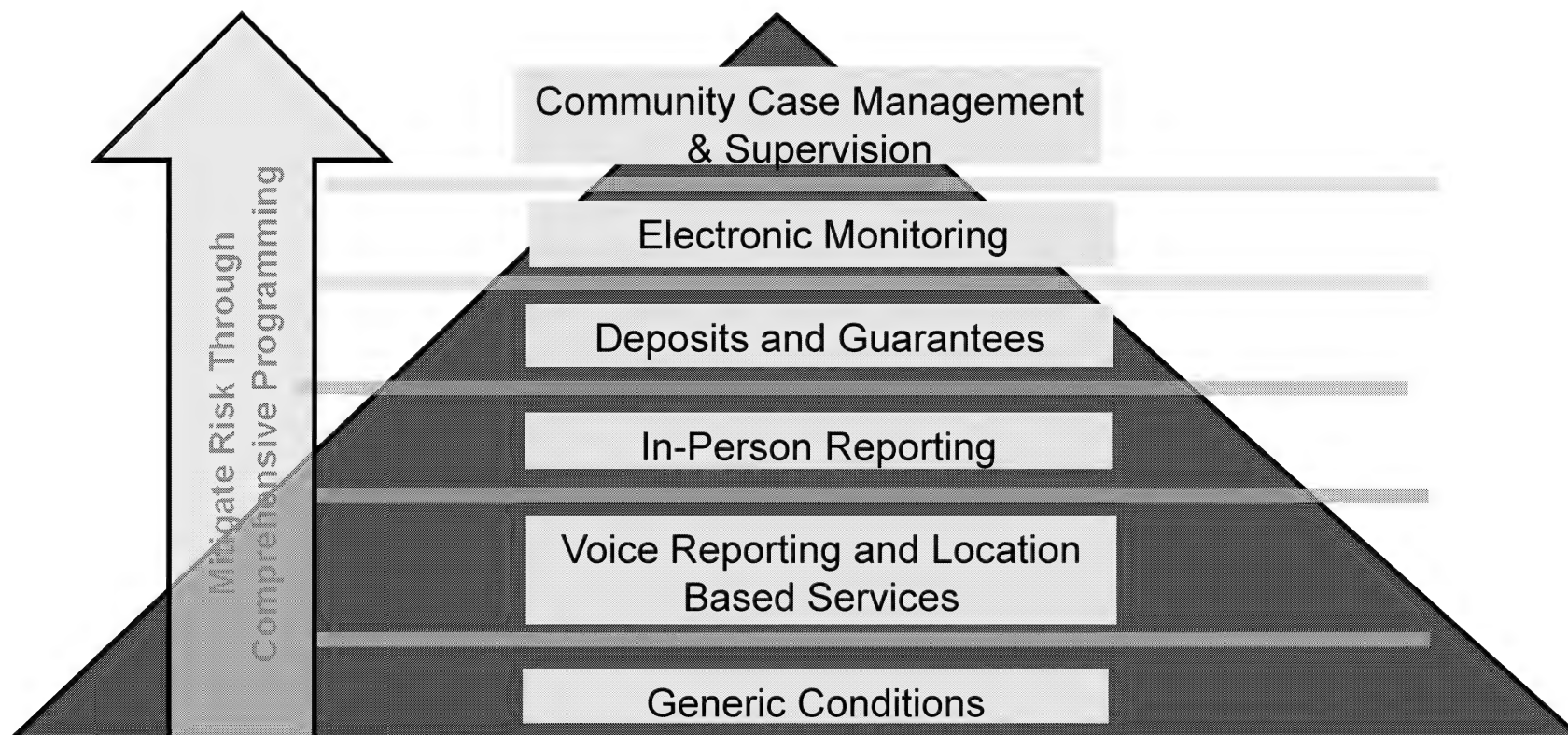
## Electronic Monitoring (EM)

- The **EM pilot in the Greater Toronto Area and Quebec Regions** and the CBSA is currently undertaking a comprehensive analysis of program viability and the possibility of expanding EM programming into other regions.
- The CBSA has partnered with Correctional Service of Canada (CSC) to leverage technology and their National Monitoring Centre already established through their pilot.
- EM requires the installation of an ankle monitor and a radio frequency device in the individual's place of residence and involves ongoing real-time monitoring of high-risk individuals in the community.



## ATD Pyramid of Mitigation

The following ATD pyramid depicts the level of mitigation associated with each ATD element that can be imposed by the CBSA, with least intrusive mitigation starting at the bottom.



CCMS provides the highest level of risk mitigation because it supports behavior changes whereas the other ATDs primarily mitigate risk based on the consequences of the individual getting caught not complying with conditions.





## Community Liaison Officer

The CBSA's Community Liaison Officer (CLO) position was created to support the development of the ATD Program in all regions, and specifically to help administer CCMS programming.

The CLO is the liaison between contracted SPs and the CBSA. The CLO is responsible for monitoring program use and the availability of resources, and ensuring that ATD Program guidelines are being followed. They are also the ATD Program point of contact for the public, including detainee's counsel and Non-Government Organizations.

Specifically, the CLO:

- Assists officers during assessments to determine which ATDs may mitigate risk;
- Monitors compliance with release conditions;
- Acts as point of contact for all contracted SPs and supports contract management;
- Monitors and provides performance data on the ATD Program in their region; and,
- Completes and updates CBSA forms used by the ATD Program.





# CCMS Programming

The following community support tools should be available through the SPs, when applicable, to support and facilitate the release of individuals:

- **Case Management:** A function directly undertaken by the SP to identify and manage the appropriate nature and frequency of CCMS services. At a minimum, the individual will be required to report to the SP office at regular intervals to update on changes to their living situation.
- **Health Support:** Individuals who have a medical condition that requires significant ongoing treatment may be eligible to receive support from the SP in arranging and managing their treatment in the absence of a support system of their own.
- **Mental Health Assistance:** Individuals with mental health issues that are likely to impact their compliance with conditions require treatment options that support and encourage compliance with IRPA requirements and other imposed conditions. These services may be provided by out-patient treatment program operators available through the SP or subcontracted by SP district or head office(s).
- **Addiction and Substance Abuse:** Individuals whose ability to comply with conditions is impacted by addiction should have access to treatment programs designed to minimize the impact of their addiction and assist with maintaining stability.
- **Housing:** Individuals with housing needs should receive assistance from the SP in accessing local resources. Short and longer term housing options may be considered. Stable housing will contribute to an increased likelihood of compliance. However, the national housing shortage facing all regions in Canada negatively impacts the ability for SPs to secure housing.
- **Employment:** Individuals who are eligible to work in Canada should receive assistance from the SP to access local employment resources, as well as a work permit as required.
- **Child-related or Family Needs:** Individuals with child-care needs should receive assistance from the SP in accessing local resources.
- **Mandatory Residency:** High risk individuals who require close supervision may be eligible to be placed into residential facilities operated by the SP or those subcontracted by your district or head office(s).



## CCMS Intervention Levels

Through joint consultations, the CBSA and the SP will determine the level of intervention required to mitigate risk, support release into the community and encourage compliance until the individual is no longer an ATD Program participant. The required level of intervention, and associated payment model, will be determined by the types of support needed by the individual:

- **Low Intervention:** individuals requiring case management and in-person reporting to the SP to maximize program compliance.
- **Medium Intervention:** individuals requiring in-person reporting to the SP to maximize program compliance, and multiple types of community-based care.
- **High Intervention:** individuals requiring mandatory residency, daily in-person reporting, high intensity programming (e.g. daily treatment and/or therapy) and may also be paired with a substantial cash/performance bond with limitations on community access (e.g. with a curfew and/or bondsperson escort to programming activities).



# CCMS Funding Request Protocol

Service contracts are paid based on both fixed and variable costs, depending on the operating expenses incurred. When additional funding is required to further support or to facilitate release, a formal request must be submitted to the CBSA, and approval received prior to services being procured.

All requests for CCMS funding must support the mandate of the CBSA, and be justified as being necessary to assist with stabilizing a person in the community while the CBSA completes the enforcement process. In assessing a funding request, the following must be satisfied:

- The request is timely (e.g. there is a distinct timeframe around which the funding is needed and will be used).
- The request is reasonable (e.g. request for rent assistance must be comparable to the cost of a shelter bed for the same period where possible).
- For medical products or services, the request is in line with the types of care and products and services offered through the Interim Federal Health Program (IFHP)\* (i.e. requests do not exceed benefits coverage offered through IFHP). Exceptions are possible, but must be justified in the context of the ATD Program objectives.
- All other avenues for funding have been exhausted.

\* **Interim Federal Health Program - Summary of coverage:**

<https://www.canada.ca/en/immigration-refugees-citizenship/services/refugees/help-within-canada/health-care/interim-federal-health-program/coverage-summary.html>



## ATD Business Process

The ATD Program follows generally accepted case management principles. The five main phases of the ATD business process in the provision of CCMS services are as follows:





## Assessment Phase



The assessment phase can begin at the point of arrest, after the individual has been admitted to a detention centre, or in advance of a detention review.

A CBSA officer will begin the assessment phase by undergoing a comprehensive review of existing and known information to identify the types and severity of risk that may be posed by a detained individual upon release. Specifically, the CBSA considers the viability of an individual's willingness to comply with ATD programming, and identifies the ATD tools that may sufficiently mitigate risk and increase the likelihood of success in the community.

The CBSA's Risk Assessment can result in one of three outcomes:

1. Continued detention;
2. Release on a deposit/guarantee, in-person reporting and basic terms and conditions, Voice Reporting and/or Electronic Monitoring; and/or,
3. Referral to a contracted SP for a CCMS assessment.



## **Assessment Phase CCMS Referral (Form: BSF801)**

- Upon the decision to refer an individual for CCMS, the CBSA will initiate the assessment phase with the contracted SP through the provision of the *CCMS Referral Form* (BSF801).
- The CBSA (CLO, Hearings Officer, or other CBSA officers) completes Parts 1 and 2 of the form, and sends it to the relevant SP office via secure email.
- The BSF801 form will document the proposed CCMS release plan, including any proposed services or level of intervention in order to mitigate the risk posed by the individual if released in the community.
- All relevant information available to the CBSA officer should be included in the form to allow the CCMS SP, to complete their assessment of the individual, as well as consider the availability and relevance of services and/or treatment.
- The TBP uses their Interview Results Form in order to provide the CBSA with information collected during the assessment interview. The CBSA does not complete part of this form in advance.



## Assessment Phase

### CCMS Referral (Form: BSF801)

The SP must complete an eligibility assessment for every individual that is referred to it by the CBSA, and must base their eligibility assessment against the *CCMS Referral Form* (BSF801).

Upon receipt of a referral from the CBSA for CCMS programming, the following should be undertaken by the SP:

- A comprehensive review of the information provided on the BSF801;
- Initiate contact with the CLO with a plan to complete the assessment phase;
- Set up an in-person or remote interview (via telephone) with the individual in question to:
  - Verify the completeness and accuracy of information provided by the individual to the CBSA; and,
  - Identify or confirm appropriate services under the CCMS program to effectively manage and monitor that individual.
- Complete Part 3: must lay out all elements of services for consideration and address each risk identified by the CBSA

Return the form to the CLO within 48h (unless agreed to with the CLO in advance) with a recommendation and proposed release plan.

The CLO then forwards the recommendation to the CBSA officer and/or Hearings Officer to be used in the detention hearing before the IRB ID, when applicable.





## Enrollment Phase



Once CCMS programming has been imposed as a condition of release by the CBSA or the IRB ID, the CLO will make arrangements with the SP to enroll the individual via an enrollment interview.

A CCMS enrollment interview should confirm the specific type and frequency of CCMS services required for the individual and formally confirm cooperation and acceptance by the individual of all ATD Program requirements specific to their case.

For **low and medium intervention cases**, individuals will be released with a direction to report to the SP office for their enrollment interview at 10:00am the next business day.

For **high intervention cases**, release is conditional upon successful enrollment in CCMS programming; the CBSA will either transport the individual to one of the SP facilities or ask that the SP to attend the detention facility to complete the enrollment process.





## Enrollment Phase

### CCMS Supervision Agreement (Form: BSF802)

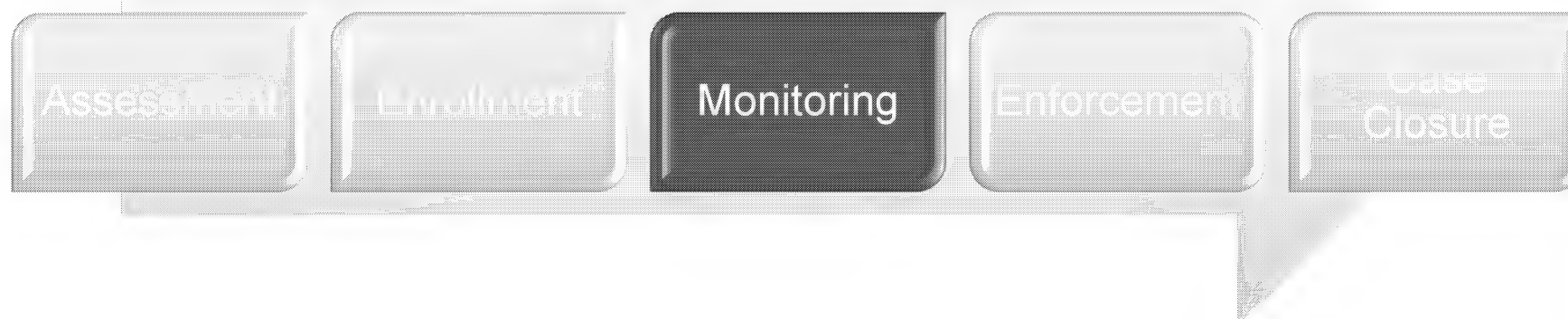
The *CCMS Supervision Agreement* (BSF802) and the TBP Agreement of Supervision is to be completed by the CCMS SP case worker. Once completed, the form will highlight the specific level of intervention required, as well as identify the appropriate types of community programming to support and facilitate release. The SP should ensure that:

- The tombstone data matches the information provided by the CBSA in the *CCMS Referral Form* (BSF801) or the TBP Interview Results Form
- The appropriate CCMS type(s) of support are selected with a brief descriptor under each selected type of care (if known at the time of completion)
- Any pertinent information gathered through the eligibility interview in the comments field is included
- The individual in question reads and confirms understanding of the terms and conditions associated with their release

Any in-house supervision contracts (e.g. house rules, reporting rules, repercussions of non-compliance) are also to be completed at this point (using the notes portion of the form), in support of the CCMS Supervision Agreement.



## Monitoring Phase



The monitoring phase begins with successful enrollment in CCMS Programming. The role of the CCMS SP in the monitoring phase is active community supervision and case management.

In this phase the SP is required to maintain a regular dialogue with the individual, monitor compliance and appropriateness of services and minimize the risk of the individual absconding.

In-person reporting is to take place at the SP office, and as per the ATD Supervision Agreement, and be coupled with programming within the community. The SP must use their extensive referral network and expertise to provide assistance and guidance to participants under their supervision.



## Monitoring Phase Regular Compliance Reviews

The monitoring phase involves undertaking standard compliance reviews at pre-determined intervals to ensure continued compliance of a participant and may include, but are not limited to:

- Attend a participant's place of employment to verify status and location, if relevant;
- Attend a participant's place of residence to confirm location;
- Engage with, or attend community support offices used by the participant to ensure compliance;
- Issue call-in notices to a participant to attend CBSA interviews when requested by the CBSA.

High intervention cases are to have reviews every 30 days; low and medium intervention cases are to have reviews every 120 days; and, ad hoc reviews can take place at a frequency agreed to by the SP and the CLO.

Compliance reviews can result in three potential outcomes:

1. **Status Quo:** No change to programming
2. **De-escalation:** Less intervention required on the part of the CBSA/SP to maintain compliance
3. **Escalation:** Increased intervention required on the part of the CBSA/SP to maintain compliance

Information related to CCMS participants will be provided on an ad-hoc basis to the CLO via email using the *CCMS Case Summary Form* (BSF805).



## Monitoring Phase CCMS Case Summary Form (BSF805)

- The *CCMS Case Summary Form* (BSF805) is to be completed by the CCMS contracted SP when new information becomes available regarding an individual that may assist the CBSA towards removal, and/or change the level of intervention, or the types of support the individual is receiving.
- This form can be used to convey updated or new information to the CBSA, even with no change to programming (e.g. a change in address). In this case, “no change” would be selected in Part 3 of the recommendation section.
- In the event where a change in programming is being recommended “proposed amendments” in Part 3 of the form should be selected, and support/validation for any change in programming should be well documented in the explanation field, ensuring the CBSA has the most up-to-date information on file.
- The CLO in consultation with the Hearings Officer will use this information to decide if they agree with the change in programming and send the form back to the SP with their position/response.



## Monitoring Phase De-escalation Process

- A recommendation to de-escalate an individual may be made to the CLO by the CCMS SP case worker when the individual has consistently demonstrated good faith and compliance with their CCMS Supervision Agreement.
- De-escalation may also take place when an individual does not require the current level of services and/or programming described in their original CCMS Supervision Agreement through the recommendation of a doctor and/or support group leader.
- This phase is initiated by the SP for all participants enrolled in the CCMS program, in partnership with the CBSA. Upon receipt of the SP recommendation to de-escalate, the CLO will consult with the Hearings Officer and IRB ID (as required) and determine the appropriateness of the recommendation and render a decision.
- The decision to de-escalate an individual within the CCMS program resides solely with the CBSA and/or the IRB ID, and will be formally communicated via a revised *Changes of Conditions Form* (BSF806)



## CCMS Change of Conditions Form (BSF806)

Once a decision is rendered by the CBSA/IRB ID to de-escalate an individual, it must be documented on the *CCMS Change of Conditions Form* (BSF806).

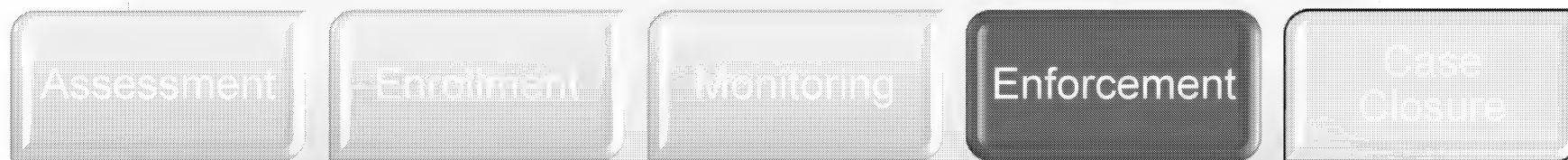
The *BSF806* can be completed by the CCMS contracted SP or CLO when consideration is being given to change the level of intervention and/or types of support for the individual being managed. Completion of the form involves:

- Completing the tombstone data and identifying current intervention level;
- Identifying the recommended action to be taken and providing sufficient justification;
- Identifying the type of support that is subject to change – in the case of de-escalation, this would likely include removing supports for the individual – and outlining any additional information of relevance leading up to this recommendation.
- Forwarding the completed form to the CLO for their review, using the secure email protocol for sending forms to the CBSA.

The SP must meet with the individual within ten calendar days to communicate the revised CCMS plan; the BSF806 becomes an annex to the original *CCMS Supervision Agreement* (BSF802).



## CCMS Enforcement



The enforcement phase begins when a participant fails to comply, or fails to appear for a mandatory meeting/appointment with the SP or other party, as required under the Supervision Agreement.

In the event of a breach of conditions, non-compliance of an individual, or absconding by an individual, the SP must perform a non-compliance review. This review involves the completion of a desk investigation (attempting to contact the client) and notifying the CBSA of any unresolved issues.

**Low and medium intervention** cases should follow pre-established service standards in relaying information to the CBSA (service standard for the transfer of information for these intervention levels is 60 minutes from the time of incident).

**High intervention cases** should be forwarded to the CBSA immediately by calling the regional CBSA inland office (service standard for the transfer of information for this level of intervention is 30 minutes from the time of incident).





## Enforcement Phase

### CCMS Report of Non-Compliance Form (BSF807)

The *CCMS Report of Non-Compliance* (BSF807) is to be completed by the SP following all non-compliance reviews.

The form is to be used to outline, in detail:

- When the incident occurred and the element(s) of the individuals release and/or ATD programming where non-compliance occurred;
- All mitigation actions undertaken as a result of those actions;
- All individuals consulted while trying to address the non-compliance, to assist the CBSA in completing their subsequent desk investigation;
- Any new, relevant, information regarding an individual's risk assessment; and,
- Whether a resolution was achieved, and the details of the resolution, when applicable





## Enforcement Phase

The completed *BSF807* should be sent via the secure email protocol to the CLO as a follow-up to the SPs call with the CLO/Duty Manager. The SP and the CLO will work together to identify and action all non-compliance. CCMS non-compliance review outcomes include:

1. **Status Quo:** No change to programming
2. **Escalation:** Increased intervention required on the part of the CBSA/SP to maintain compliance
3. **Withdrawal of Services:** SP withdraws supervision due to multiple instances of non-compliance/eligibility of individual



## Enforcement Phase Escalation Process

- A recommendation to escalate an individual may be made by the SP or the CBSA when there are circumstances present that suggest the current CCMS Supervision Agreement is not sufficient to mitigate the risk the individual may pose.
- These recommendations must be documented on the *CCMS Change of Conditions Form* (BSF806) to identify the new proposed set of conditions and services that the SP wishes to be imposed on the individual.
- Upon receipt of a recommendation to escalate an individual, the CLO, in consultation with the Hearings Officer and the IRB ID as required, will determine the appropriateness of the recommendation and make a decision. This includes drafting a revised *Change of Conditions Form* (BSF806) to outline the adjusted programming, in consultation with the SP.
- If the CBSA or IRB ID makes a decision to escalate an individual within the CCMS program, the SP must meet with the individual to explain the changes to their programming and why. This meeting is to occur within three (3) calendar days to communicate the revised ATD plan.

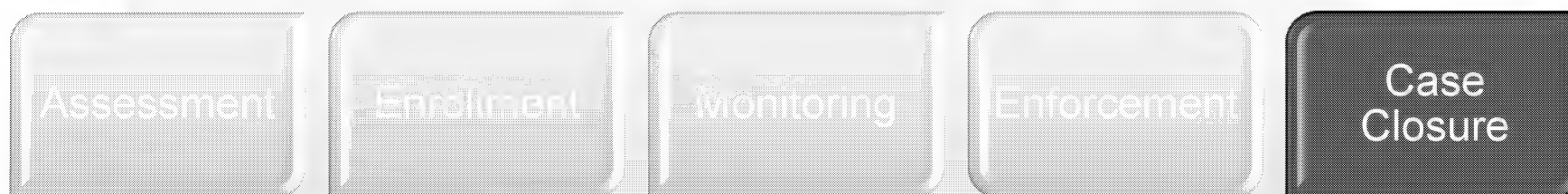


## **Enforcement Phase Withdrawal of Services**

- A Withdrawal of Services is to be undertaken when an individual's behaviour changes negatively, and/or they become uncooperative. The participant may indicate to the SP case worker that they no longer agree with the imposed conditions, or through a breach in the conditions as stated on their CCMS Supervision Agreement (or corresponding / updated conditions outlined on the subsequent BSF807 form(s)).
- The SP must inform the CLO via telephone no more than six (6) hours from the time of the recommendation to withdraw supervision services and this information must be documented in the *CCMS Report of Non-Compliance Form* (BSF807).
- The CBSA will work with the SP to resolve any issues resulting in the recommended withdrawal of a participant, to ensure that all mitigation measures have been considered and/or exhausted prior to withdrawing services.
- Further consultation with the IRB ID may be required by the CBSA before the participant can officially be withdrawn from the program.



## Case Closure



Case Closure can be the result of various potential case resolutions/outcomes:

- An individual has shown success with community programming and no longer requires monitoring: **reduced to other terms and conditions as required**
- An individual's immigration status changes: **remain in Canada**
- An individual is **removed** from Canada
- An individual is **withdrawn** from CCMS programming

The SP will complete and forward the *CCMS Change of Conditions Form* (BSF806) to the CLO. Upon receipt of a recommendation to discharge an individual from the CCMS program, the CLO will review the recommendation and notify the IRB ID (as required). When the decision to discharge an individual from CCMS programming is made by the CBSA and/or the IRB ID, the CLO will notify the SP as soon as possible.

The decision to discharge an individual from CCMS programming resides with the CBSA and/or the IRB ID.



## Security Clearances

- One role of the CLO is to help new Service Provider staff be on boarded and this includes completing the formalized security briefing process.
- The briefing is to be done asap by the CLO once the documentation is provided by the ATD Team at NHQ
- For information regarding the entire Security Clearance process that is to be undertaken by CLOs please consult the Security Cheat Sheet in the Apollo CLO Community
- For more information, or for specific assistance please contact the ATD Inbox for support.



## CCMS Contract Reporting

- Within ten (10) days of the end of each calendar month, the SP must prepare and forward their monthly data report to the CLO via email.
- CLOs must ensure all ATD data is entered into NCMS by the 20th of the month to allow complete and accurate data extraction by NHQ for various reporting purposes as of the 21st.
- NHQ will aim to generate reports on/or around the last day of each month, as well as quarterly and annual reports using the updated data in NCMS.
- Monthly reporting is to be replicated in an annual report, for the period of April 1 to March 31 of any given year with the SP drafting a list of all individuals who have been on the CCMS program for more than 365 days. It will be up to the CLOs to remind the SPs to provide this list if they have not done so shortly after March 31 each fiscal year.



## External Communications

- The CCMS SP must obtain the CBSA's approval prior to any ATD related presentation/information session, media inquiry responses, use of CBSA logo or planned announcements regarding the CBSA ATD Program.
- The CLO will review the request for approval from the SP and send it along to the ATD Inbox for review and processing.
- The responsibility for communications with outside agencies related to the administration of the CCMS program, or any individual enrolled under the program, rests with the CBSA and any inquiries should be forwarded to the ATD Inbox for processing.
- CBSA NHQ will provide the final communication product to the CLO for release.



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# Alternatives to Detention Program

Immigration & Refugee  
Board of Canada  
Immigration Division

Information Resource



PROTECTION • SERVICE • INTEGRITY

Canada





## Context: The National Immigration Detention Framework

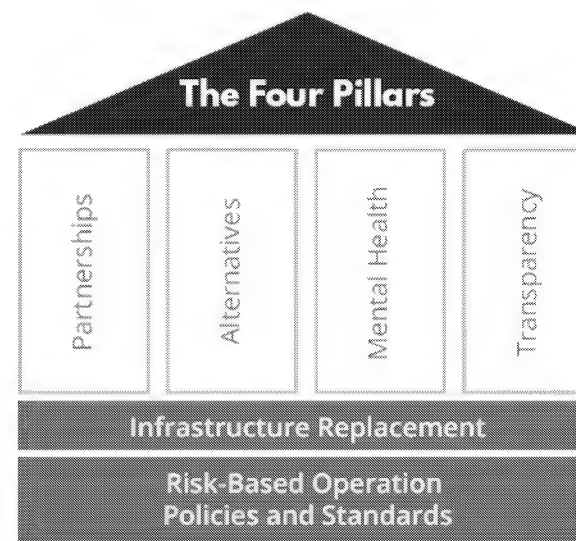
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A key pillar of the NIDF is the identification of ATDs.



The four pillars of the national Immigration Detention Framework



## The Alternatives to Detention Program

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- On June 22, 2018, the CBSA launched the national ATD Program, which provides officers and members with an expanded set of tools and programs that enable them to more effectively manage the needs of individuals released into the community, while achieving balanced enforcement outcomes.
- The ATD Program is founded on risk-based nationally consistent programming for individuals deemed suitable for release.
- Traditionally, ATD options included
  - **In-Person Reporting,**
  - **Deposit, or**
  - **Guarantee**



## Expanded Alternatives to Detention

In addition to traditional forms of release, the ATD Program now includes:

- A national **Community Case Management and Supervision (CCMS)** program that aligns in-community support services with individuals' needs to mitigate any risk factors;
- A national **Voice Reporting (VR)** program that will enable individuals to comply with reporting conditions using voice biometrics to report to the CBSA at a prescribed interval, and,
- An **Electronic Monitoring (EM)** Pilot Project in the Greater Toronto Area and Quebec Regions that uses GPS and Radio Frequency technology to monitor an individual's whereabouts.



## CCMS Services and Contracted Partners

- As an expert in community support programming, Service Providers (SP) have been contracted by the CBSA to facilitate the release and supervision of individuals subject to immigration detention through the use of CCMS. Although all SPs maintain the right of refusal in all cases.
- An individual who is stable in the community is more likely to comply with IRPA requirements and conditions imposed; CCMS improves the individual's ability to maintain a stable community living situation by supporting their health, wellness and autonomy through communication, education, identification of community resources, and facilitation of service.
- Contracts have been negotiated with the **Toronto Bail Program (TBP)**, the **Salvation Army (SA)** and the **John Howard Society (JHS) of Canada** for the delivery of programming.

Key Elements		
National Volumetric	Up to 8% of medium risk cases and up to 1% of high risk cases may be enrolled in CCMS programming.	
Focused Care to Mitigate Risk Indicators	• Case management and compliance programming	
	• Liaise with general health supporters	• Information related to housing and employment support information
	• Liaise with mental health assistance	• Information related to child or family needs
	• Liaise with addiction & substance abuse counselling & supporters	• Mandatory residency (for high intervention)



# CCMS Programming

The following community support tools should be made available through the SP, when applicable, to support and facilitate the release of individuals:

- **Case Management:** A function directly undertaken by the SP to identify and manage the appropriate nature and frequency of CCMS services. At a minimum, the individual will be required to report to the SP office at regular intervals to update on changes to their living situation.
- **Health Support:** Individuals who have a medical condition that requires significant ongoing treatment may be eligible to receive support from the SP in arranging and managing their treatment in the absence of a support system of their own.
- **Mental Health Assistance:** Individuals with mental health issues that are likely to impact their compliance with conditions require treatment options that support and encourage compliance with IRPA requirements and other imposed conditions. These services may be provided by out-patient treatment program operators only, and are available through the SP or subcontracted by SP district or head office(s).
- **Addiction and Substance Abuse:** Individuals whose ability to comply with conditions is impacted by addiction should have access to treatment programs designed to minimize the impact of their addiction and assist with maintaining stability.
- **Housing:** Individuals with housing needs should receive assistance from the SP in accessing local resources. Short and longer term housing options may be considered. Stable housing will contribute to an increased likelihood of compliance. However, the national housing shortage facing all regions in Canada negatively impacts the ability for SPs to secure housing.
- **Employment:** Individuals who are eligible to work in Canada should receive assistance from the SP to access local employment resources, as well as a work permit as required.
- **Child-related or Family Needs:** Individuals with child-care needs should receive assistance from the SP in accessing local resources.
- **Mandatory Residency:** High risk individuals who require close supervision may be eligible to be placed into residential facilities operated by the SP or those subcontracted by your district or head office(s).



## CCMS Intervention Levels

Through joint consultations, the CBSA and the SP will draft a recommendation regarding the level of intervention required to mitigate risk, support release into the community and encourage compliance until the individual is no longer an ATD Program participant. The required level of intervention, and associated payment model, will be determined by the types of support needed by the individual:

- **Low Intervention:** individuals requiring case management and in-person reporting to the SP to maximize program compliance.
- **Medium Intervention:** individuals requiring in-person reporting to the SP to maximize program compliance, and multiple types of community-based care.
- **High Intervention:** individuals requiring mandatory residency, daily in-person reporting, high intensity programming (e.g. daily treatment and/or therapy) and may also be paired with a substantial cash/performance bond with limitations on community access (e.g. with a curfew and/or bondsperson escort to programming activities).



## CCMS Programming Coverage

Region	Low Medium Intervention	High Intervention (HI)	Contracted Beds HI
Pacific Region - Vancouver			4
Pacific Region – Victoria			0
Pacific Region – Kamloops			0
Prairie Region - Calgary			1
Prairie Region – Edmonton			1
Prairie Region – Regina			0
Prairie Region - Saskatoon			0
Prairie Region - Winnipeg			1
Greater Toronto Area Region			4
Southern Ontario Region - London			0
Southern Ontario Region - Windsor			Onboarding (1)
Southern Ontario Region - Niagara			0
Southern Ontario Region - Sarnia			0
Northern Ontario Region - Ottawa			1
Northern Ontario Region - Kingston			1
Northern Ontario Region - Thunder Bay			1
Québec Region - Montreal			2
Québec Region - Quebec City			0
Atlantic Region - Moncton			1
Atlantic Region - Halifax			0
Atlantic Region – St Johns			0
Atlantic Region - Charlottetown			0

\* Contracted beds refer to bought beds (reserved space for CBSA clients)



## Voice Reporting (VR)

- VR allows individuals to report to the CBSA using their biometric voice print to confirm identity and fulfill a reporting condition as an alternative to in-person reporting. It is appropriate for individuals who have a history of non-compliance or pose a heightened risk to complying with immigration program requirements.
- VR adds the ability to capture an individual's physical location at the time of their reporting through Global Positioning System (GPS) functionality of their phones, and using cell phone tower triangulation. In instances where an individual fails to comply, this functionality is intended to assist the CBSA in initiating an investigation into their whereabouts.
- This new technology is less onerous for the individual when compared to in-person reporting as it does not require the individual attend a CBSA office. It is particularly well suited to individuals in remote or distant locations for whom in-person reporting would not be possible, or less practical.
- SPs may be asked to allow an ATD participant to call the VR system from a land line in their facility in situations where they lack a cell phone.





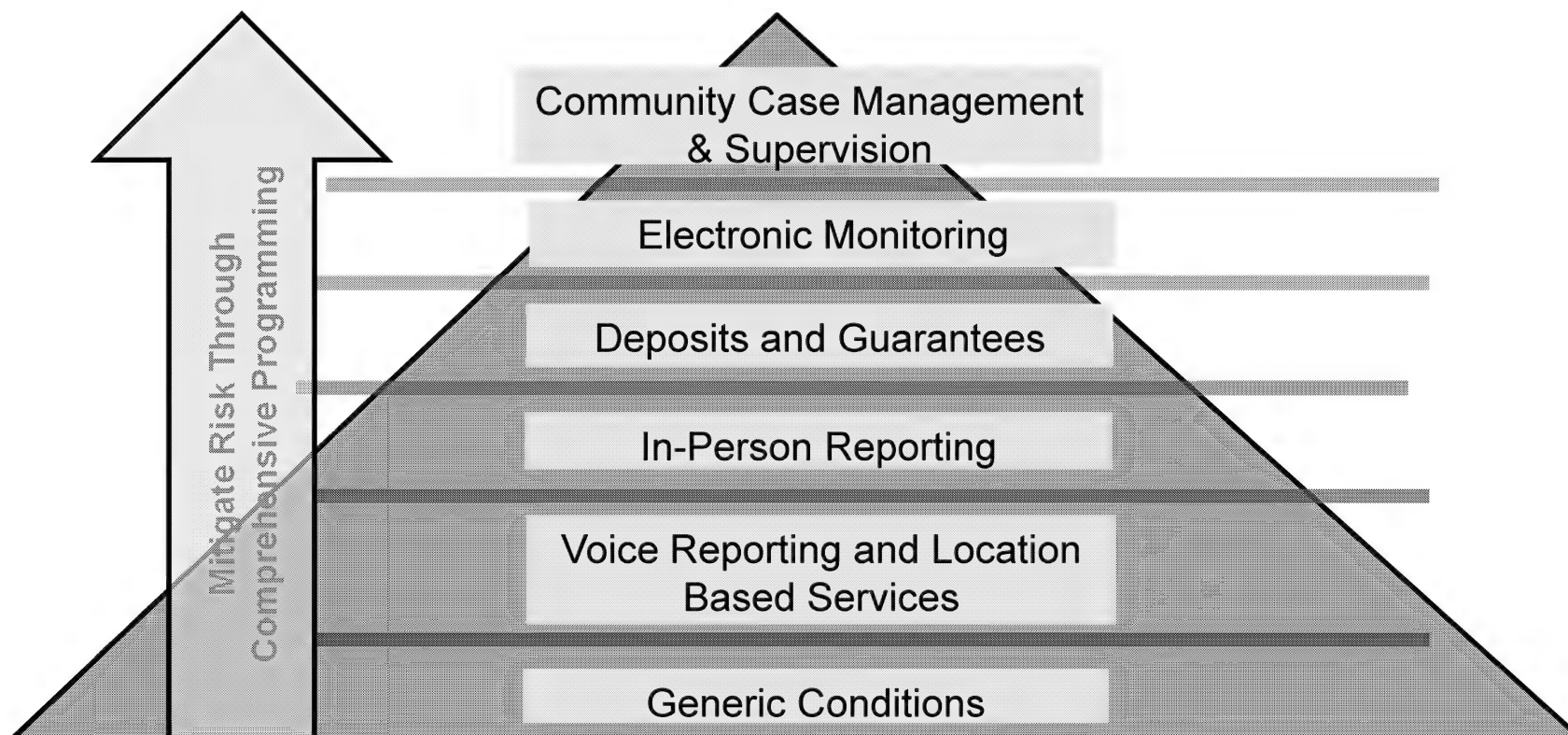
## Electronic Monitoring (EM)

- The **EM pilot in the Greater Toronto Area and Quebec Regions** and the CBSA is currently undertaking a comprehensive analysis of program viability and the possibility of expanding EM programming into other regions.
- The CBSA has partnered with Correctional Service of Canada (CSC) to leverage technology and their National Monitoring Centre (NMC) already established through their pilot.
- EM requires the installation of an ankle monitor and a radio frequency device in the individual's place of residence and involves ongoing real-time monitoring of high-risk individuals in the community.



## ATD Pyramid of Mitigation

The following ATD pyramid depicts the level of mitigation associated with each ATD element that can be imposed by the CBSA or the IRB, with least intrusive mitigation starting at the bottom.



CCMS provides the highest level of risk mitigation because it supports behavior changes whereas the other ATDs primarily mitigate risk based on the consequences of the individual getting caught not complying with conditions.



## Community Liaison Officer

The CBSA's Community Liaison Officer (CLO) position was created to support the development of the ATD Program in the seven (7) CBSA regions, and specifically to help administer CCMS programming.

The CLO is the liaison between contracted SPs and the CBSA. The CLO is responsible for monitoring program use and the availability of resources, and ensuring that ATD Program guidelines are being followed. They are also the ATD Program point of contact for the public, including detainee's counsel and Non-Government Organizations.

Specifically, the CLO:

- Assists officers during assessments to determine which ATDs may mitigate risk;
- Monitors compliance with release conditions;
- Acts as point of contact for all contracted SPs and supports contract management;
- Monitors and provides performance data on the ATD Program in their region; and,
- Completes and updates CBSA forms used by the ATD Program.



## ATD Business Process

The ATD Program follows generally accepted case management principles. The five main phases of the ATD business process in the provision of CCMS services are as follows:





## Assessment Phase



A CBSA officer will begin the assessment phase by undergoing a comprehensive review of existing and known information of the case to identify the types and severity of risk that may be posed by a detained individual upon release. Specifically, the CBSA considers the viability of an individual's willingness to comply with ATD programming, and identifies the ATD tools that may sufficiently mitigate risk and increase the likelihood of success in the community.

The CBSA's Risk Assessment can result in a decision of one of the following in the first 48 hours of detention, or a recommendation for one of three outcomes:

1. Continued detention;
2. Release on a deposit/guarantee, in-person reporting and basic terms and conditions, Voice Reporting and/or Electronic Monitoring; and/or,
3. Referral to a contracted SP for a CCMS assessment.



## Assessment Phase CCMS Referral (Form: BSF801)

- Upon the decision to refer an individual for CCMS, the CBSA will initiate the assessment phase with the contracted SP through the provision of the *CCMS Referral Form* (BSF801) for the Salvation Army and John Howard Society participants. The TBP uses their Interview Results Form in order to provide the CBSA with information collected during the assessment interview. The CBSA does not complete part of this form in advance.
- The CBSA (CLO, Hearings Officer, or other CBSA officers) completes Parts 1 and 2 of the form, and will send it to the relevant SP office via encrypted email.
- The BSF801 form will document the proposed CCMS release plan, including any proposed services or level of intervention in order to mitigate the risk posed by the individual if released in the community.
- All relevant information available to the CBSA officer should be included in the form to allow the CCMS SP, to complete their assessment of the individual, as well as consider the availability and relevance of services and/or treatment.



# CCMS Referral Form

## Community Case Management and Supervision Referral Form Formulaire de référence à la gestion des cas et surveillance dans la collectivité

Personal information will be protected under the provisions of the Privacy Act and will be stored in Personal Information Bank PPU1901.

Les renseignements personnels seront protégés en vertu de la loi sur la protection des renseignements personnels et seront versés au Fichier de renseignements personnels PPU1901.

<b>Part 1 - CBSA ATO Assessment (based on the information available at the time of this assessment)</b> <b>Partie 1 - Évaluation de la SRD par l'ASFC (d'après les renseignements disponibles au moment de l'évaluation)</b>		
Date of Assessment - Date de l'évaluation		
Last name - Nom		First name - Prénom
UCID No. - N° IJC	Date of Birth - Date de naissance	Citizenship(s) - Citoyenneté(s)
Status (i.e. PR, FN, PP, etc.) - Statut (p. ex. RP, RE, PP, etc.)		Ground(s) for Detention - Motif(s) de détention
<b>Part 2 - Available ATO Programming (to be completed by CBSA)</b> <b>Partie 2 - Programme de SRD disponible (partie réservée à l'ASFC)</b>		
A - Deposit and/or Guarantee - Dépôt (ou garantie)		
B - Voice Reporting - Communication par reconnaissance vocale		
C - In Person Reporting - Déclaration en personne		
D - This is not meant to be a diagnosis as this will be undertaken by the contracted service provider specialists. Ce n'est pas censé être un diagnostic car il sera effectué par les experts du fournisseur de services sous contrat.		
<input type="checkbox"/> Health Santé	<input type="checkbox"/> Mental Health Santé mentale	<input type="checkbox"/> Addiction Dépendance
<input type="checkbox"/> Employment & Housing Emploi et logement	<input type="checkbox"/> Family & Child Needs Besoins de la famille et des enfants	<input type="checkbox"/> Mandatory Residency Résidence obligatoire
Proposed Service Provider - Fournisseur de services proposé		
<input type="checkbox"/> John Howard Society Société John Howard	<input type="checkbox"/> Salvation Army Armée du Salut	<input type="checkbox"/> Toronto Bail Program Programme de cautionsnements à Toronto
<b>E - Electronic Monitoring (EM) (GTA only) - Surveillance électronique (SE) (région du Grand Toronto seulement)</b>		
EM Conditions (zones & curfews) - Conditions de surveillance électronique (zones et couvre-feu)		
<b>F - Additional comments for SP (to be completed by CBSA) - Commentaires supplémentaires pour FS (partie réservée à l'ASFC)</b>		

The CBSA has developed the Community Case Management and Supervision Referral Form to provide salient case information to CCMS (BSF801) SPs where referral is deemed appropriate. For the TBP, they use their Interview Results Form.

Information may include, but is not limited to identification information; individual's status in Canada; proposed or existing release conditions; and/or health, mental health, addiction, family related issues.

The SP is required to engage with the individual either in person, via telephone or video conference to assess their needs in the community and determine if they can be managed in the community, if released.

The outcome of the CCMS Referral Form may be presented by the CBSA to the IRB at a detention review. Notes from the SP may be used to provide additional information in advance of the detention review.



Immigration Hold Date	Location
Release Date	COB
Client Name	Client #
Requested By	
Bail Program Decision	Date
Standard Conditions	Treatment Condition
Community Services: Mental Health, Addiction, Concurrent Disorder, Special Needs (Specify)	
(Circle) Shelter Bed, Treatment Bed, Children, Minor	
Language 1) Interpreter - Specify	Health Coverage 1) OHIP
2) Staff - Specify	2) IFH
	3) Other
	4) Not Covered
Needed Information/Follow Up:	
PROPOSAL	
Requester Informed of Decision	Date
Detention Review Date	Letter Completed

### DETENTION REVIEW RESULT

BAIL PROGRAM CASH BOND PERFORMANCE DETAINED REMANDED





## **Assessment Phase CCMS Referral (Form: BSF801)**

The CCMS SP must complete an eligibility assessment for every individual that is referred to it by the CBSA, or the IRB, and must base their eligibility assessment against the CCMS Referral Form (BSF801).

Upon receipt of a referral for CCMS programming, the following should be undertaken by the SP :

- A comprehensive review of the information provided on the BSF801;
- Initiate contact with the CLO with a plan to complete the assessment phase;
- Set up an in-person or remote interview (via telephone) with the individual in question to:
  - Verify the completeness and accuracy of information provided by the individual to the CBSA; and,
  - Identify or confirm appropriate services under the CCMS program to effectively manage and monitor that individual.
- Complete Part 3: must lay out all elements of services for consideration and address each risk identified by the CBSA

Return the form to the CLO within 48 hours (unless agreed to with the CLO in advance) of the completion of the assessment interview with a recommendation and proposed release plan.

The CLO then forwards the recommendation to the CBSA officer and/or Hearings Officer to be used in the detention hearing before the IRB, when applicable.





# CCMS Privacy Notice

The CBSA has developed the Community Case Management and Supervision Privacy Notice to advise individuals that their information may be shared with contracted SPs(s) in situations where a CBSA officers feels CCMS programming may be appropriate.

The form includes information regarding the Detention Personal Information Bank (CBSA PPO1801), and provisions of the Privacy Act that may be relevant to the individual.

The CCMS Privacy Notice may be completed by the arresting officer or the CLO.

The officer signs the form having confirmed that they've conveyed the information to the individual. This form is then placed on file and processed electronically for records keeping.



Canada Border Services Agency  
Agence des services frontaliers du Canada

Instruction

PROTECTED B when completed  
PROTÉGÉ B une fois rempli

## Community Case Management & Supervision Privacy Notice Avis de confidentialité pour la gestion des cas et de surveillance dans la collectivité

UCI Number - Numéro IUC

In the event that you are considered for Community Case Management and Supervision (CCMS) at any given time in the immigration continuum, your personal information may be collected, used, and exchanged with the Canada Border Services Agency's (CBSA) contracted service providers for the purpose of determining your eligibility for programming.

The information collected is described within Info Source under the Alternatives to Detention Personal Information Bank CBSA PPU1801. More information is available at <http://www.cbsa-asfc.gc.ca/>

Your personal information will be protected in accordance with the Privacy Act. You have the right to access and to request corrections to your personal information and to file a complaint with the Office of the Privacy Commissioner regarding the handling of your personal information. More information is available at <http://www.priv.gc.ca/>

Dans l'éventualité où votre candidature serait retenue pour la gestion des cas et de surveillance dans la collectivité (GCSC) à tout moment dans le continuum de l'immigration, vos renseignements personnels pourraient être recueillis, utilisés et communiqués aux fournisseurs de service sous contrat de l'Agence des services frontaliers du Canada (ASFC), afin de déterminer votre admissibilité au programme.

Les renseignements recueillis sont décrits dans Info Source, dans le fichier de renseignements personnels des solutions de rechange à la détention - ASFC 1801 PPU. Pour de plus amples renseignements, consultez le site Web <http://www.cbsa-asfc.gc.ca/>

Vos renseignements personnels seront protégés conformément à la *Loi sur la protection des renseignements personnels*. Vous avez le droit d'accéder à vos renseignements personnels et de demander que des corrections y soient apportées. Vous avez aussi le droit de déposer une plainte auprès du Commissariat à la protection de la vie privée du Canada concernant la façon dont vos renseignements personnels sont traités. Pour en savoir plus, visitez le site Web <http://www.priv.gc.ca/>

### Acknowledgement

I, \_\_\_\_\_  
Officer Name (Print name)

acknowledge that I have conveyed the above information to the person concerned.

### Reconnaissance

Je, \_\_\_\_\_  
Nom de l'agent (en lettres moulées)

reconnais avoir communiqué l'information ci-dessus à la personne concernée.



## Imposition of Conditions - CCMS

- The CBSA maintains ultimate responsibility for monitoring individuals released on conditions.
- Effective case management relies on delivering programming that address the current needs, situation and environment of the individual.
- In order for programming to remain relevant and effective, the CCMS SP needs the ability to adjust programming and services to align with individuals needs and behaviour. The wording of conditions imposed by the IRB, can be outlined in such a way that provides the CBSA and the CCMS SPs the ability to alter case management plans in the community based on individual needs. (E.g. reporting frequency, programming scheduling) Additional consideration may be given to enabling the CBSA to graduate or terminate an individuals participation on a CCMS program.
- Example of condition used in central region for Toronto Bail Program:  
*“ The person shall: Be accepted as a client for supervision by the Toronto Bail Program and remain in good standing until such time as this condition is cancelled in writing by a CBSA officer”*



## Enrollment Phase



Once CCMS programming has been imposed as a condition of release by the CBSA or the IRB, the CLO will make arrangements with the SP to enroll the individual via an enrollment interview.

A CCMS enrollment interview should confirm the specific type and frequency of CCMS services required for the individual and formally confirm cooperation and acceptance by the individual of all ATD Program requirements specific to their case.

For **low and medium intervention cases**, individuals will be released with a direction to report to the SP office for their enrollment interview at 10:00am the next business day.

For **high intervention cases**, release is conditional upon successful enrollment in CCMS programming; the CBSA will either transport the individual to one of the SP facilities or ask that the SP attend the detention facility to complete the enrollment process.



## CCMS Supervision Agreement

The CBSA has developed the CCMS Supervision Agreement (BSF802) and the TBP Agreement of Supervision to articulate the frequency of reporting to the SP, and the community support programming required. This may be presented to the IRB for consideration (where requested by the IRB).

The CCMS Supervision Agreement states that information collected as part of CCMS programming may be shared with the CBSA, the IRB, IRCC and the police as required, and articulates that enrollment in CCMS programming is not to delay or defer removal and is not intended to establish an individual's ties to Canada.

The individual, the SP and the interpreter, as applicable, are required to sign the form. A copy is then provided to the individual and sent to the CBSA for processing.



# CCMS Supervision Agreement

**Community Case Management and Supervision (CCMS) - Supervision Agreement**  
**Entente de surveillance dans la collectivité (GCSC)**

**Part 1 - Personal Information**  
**Partie 1 - Renseignements personnels**

Full name - Nom: \_\_\_\_\_  
Last name - Nom: \_\_\_\_\_  
First name - Prénom: \_\_\_\_\_  
Date of Birth - Date de naissance: \_\_\_\_\_  
Citizenship(s) - Citoyenneté(s): \_\_\_\_\_  
Conditions imposed by UCI or s56 - Conditions imposées par l'UCI ou le p56: \_\_\_\_\_  
Level of Intervention - Niveau d'intervention: \_\_\_\_\_  
Community case management and supervision (Provide Short Description of Details)  
Gestion des cas et surveillance dans la collectivité (Fournir une brève description): \_\_\_\_\_

**Part 2 - Terms and Conditions of CCMS Program**  
**Partie 2 - Conditions du programme de GCSC**

I understand that in order to have this opportunity, I must comply with the terms and conditions of the CCMS program. I understand that if I fail to comply with the terms and conditions of the CCMS program, I may be subject to removal from Canada and/or detention.

I understand that if I fail to comply with the terms and conditions of the CCMS program, I may be subject to removal from Canada and/or detention.

**Part 3 - Signature**  
**Partie 3 - Signature**

Signature of individual - Signature de la personne: \_\_\_\_\_  
Signature of representative - Signature du représentant: \_\_\_\_\_  
Interpreter (Print Name) - If necessary - Interprète (nom en lettres imprimées) - si nécessaire: \_\_\_\_\_  
Interpreter Signature - Signature d'interprète: \_\_\_\_\_

**Toronto Bail Program**  
**Immigration Division**

**BAIL PROGRAM SUPERVISION CONTRACT**

1. I agree to community supervision with the Toronto Bail Program as an alternative form of release from detention.

2. I realize that in order to have this opportunity, I must comply with the terms set out in the Agreement of Supervision, keep all Immigration related appointments/hearings/call-in notices, fulfill any other condition made by the Canada Border Services Agency (CBSA) or the Member of the Immigration Division at any Detention Review.

3. I hereby undertake to report on \_\_\_\_\_

4. I understand that my Bail Supervisor may share information with Immigration Members, Canada Border Services Agency, Immigration, Refugees and Citizenship Canada (IRCC), the Police and any other parties the Program deems necessary to fulfill its supervisory function.

5. I understand that failing to comply with any release condition, including reporting, will result in Canada Border Services Agency being notified.

6. I acknowledge receipt of copy of this contract.

Client: \_\_\_\_\_  
Client Signature: \_\_\_\_\_ UCI #: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Toronto Bail Program**  
**Immigration Division**

**AGREEMENT OF SUPERVISION**

TO CANADA BORDER SERVICES AGENCY

RE:  
DOB:  
UCI:

The above named person has been interviewed and is acceptable for supervision by the Toronto Bail Program. He/She has been fully cautioned and has agreed to abide by the following conditions:

a. Report to the Toronto Bail Program, Room 207, 27 Queen Street East, Toronto, Ontario forthwith upon release (at 9:00 a.m. the next business day) and thereafter as directed by the Toronto Bail Program.

b. Reside at an address approved of by the Toronto Bail Program and not change such address without prior approval of the Toronto Bail Program.

c. Seek and maintain employment, as allowed by Immigration, Refugees and Citizenship Canada (IRCC), or educational upgrading as directed by the Toronto Bail Program.

d. Keep the Toronto Bail Program advised of all Immigration related hearings, Immigration-related decisions, call-in notices, removal notices and criminal justice-related matters.

e. Be amenable to the supervision of the Toronto Bail Program.

f. i) That the person concerned shall, if a removal is or has been made, or a conditional order becomes effective, cooperate fully with Canadian immigration authorities with respect to the accurate completion of any documents or questionnaires related to establishing identity or obtaining travel documents and must sign any such documents in a timely manner and/or ii) Prior to release, turn over to an Immigration officer any travel document which has been issued to you by the country of which you are a citizen or national.

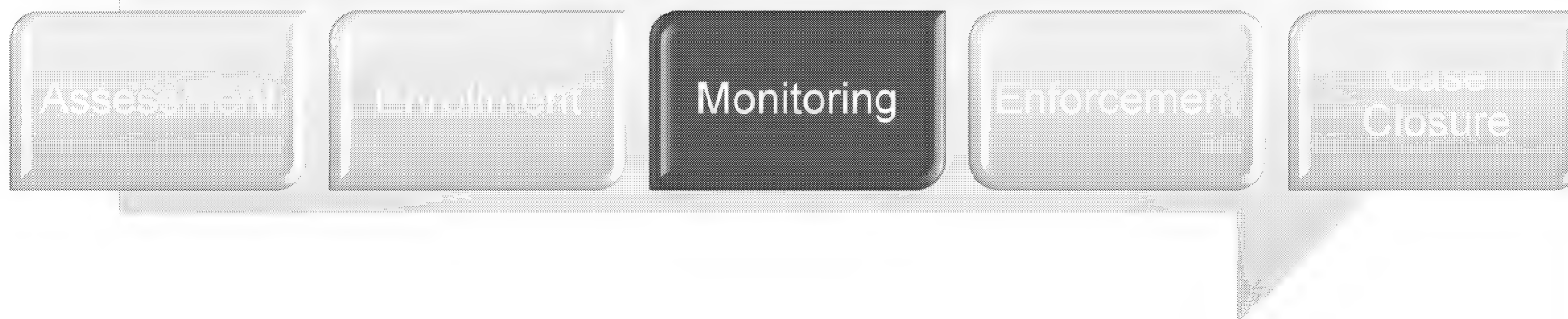
The Toronto Bail Program's decision to offer supervision to a detainee is based on the likelihood that the person will appear for Immigration related hearings or removal from Canada and the apparent likelihood of the detainee's fulfilling his release conditions. The Toronto Bail Program, however, is not taking any position concerning the possibility of the person posing a danger to the general public.

Toronto Bail Program  
Immigration Representative

Detainee's Signature  
Print Name



## Monitoring Phase



The monitoring phase begins with successful enrollment in CCMS programming. The role of the CCMS SP in the monitoring phase is active community supervision and case management.

In this phase the SP is required to maintain a regular dialogue with the individual, monitor compliance and appropriateness of services and minimize the risk of the individual absconding.

In-person reporting is to take place at the SP's office, and as per the ATD Supervision Agreement, be coupled with programming within the community. The SP must use their extensive referral network and expertise to provide assistance and guidance to participants under their supervision.



## Monitoring Phase Regular Compliance Reviews

The monitoring phase involves undertaking standard compliance reviews at pre-determined intervals to ensure continued compliance of a participant and may include, but are not limited to:

- Attend a participant's place of employment to verify status and location, if relevant;
- Attend a participant's place of residence to confirm location;
- Engage with, or attend community support offices used by the participant to ensure compliance;
- Issue call-in notices to a participant to attend CBSA interviews when requested by the CBSA.

High intervention cases are to have reviews every 30 days; low and medium intervention cases are to have reviews every 120 days; and, ad hoc reviews can take place at a frequency agreed to by the SP and the CLO.

Compliance reviews can result in three potential recommendations/outcomes:

1. **Status Quo:** No change to programming
2. **De-escalation:** Less intervention required on the part of the CBSA/SP to maintain compliance
3. **Escalation:** Increased intervention required on the part of the CBSA/SP to maintain compliance

Information related to CCMS participants will be provided on an ad-hoc basis to the CLO via email using the *CCMS Case Summary Form* (BSF805).





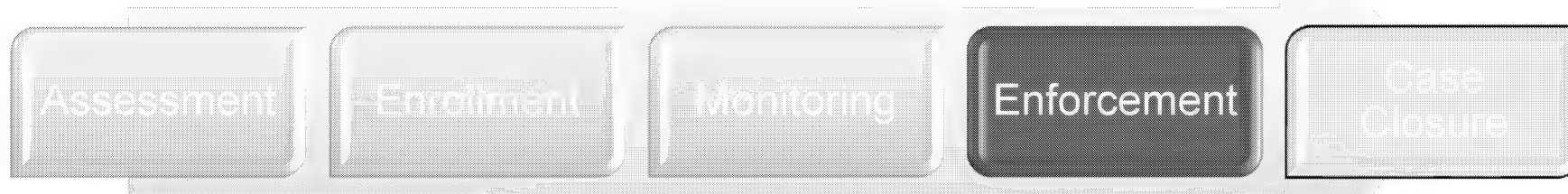
## **Monitoring Phase De-escalation Process**

- A recommendation to de-escalate an individual may be made to the CLO by the CCMS case worker when the individual has consistently demonstrated good faith and compliance with their CCMS Supervision Agreement.
- De-escalation may also take place when an individual does not require the current level of services and/or programming described in their original CCMS Supervision Agreement through the recommendation of a doctor and/or support group leader.
- This phase is initiated by the SP for all participants enrolled in the CCMS program, in partnership with the CBSA. Upon receipt of the SP recommendation to de-escalate, the CLO will consult with the Immigration Division (ID) (as required) and determine the appropriateness of the recommendation and render a decision.
- The decision to de-escalate an individual within the CCMS program resides solely with the CBSA and/or the ID, and will be formally communicated by the SP via a revised Changes of Conditions Form (BSF806)





## CCMS Enforcement



The enforcement phase begins when a participant fails to comply, or fails to appear for a mandatory meeting/appointment with the SP or other party, as required under the Supervision Agreement.

In the event of a breach of conditions, non-compliance of an individual, or absconding by an individual, the SP must perform a non-compliance review. This review involves the completion of a desk investigation (attempting to contact the client) and notifying the CBSA of any unresolved issues.

**Low and medium intervention** cases should follow pre-established service standards in relaying information to the CBSA (service standard for the transfer of information for these intervention levels is 60 minutes from the time of incident).

**High intervention cases** should be forwarded to the CBSA immediately by calling the regional CBSA inland office (service standard for the transfer of information for this level of intervention is 30 minutes from the time of incident).



## Enforcement Phase

The completed *Report of Non-Compliance Form* (BSF807) should be sent to the CLO as a follow-up to the SP's call with the CLO/Duty Manager. The SP and the CLO will work together to identify and action all non-compliance. CCMS non-compliance review outcomes/recommendations include:

1. **Status Quo:** No change to programming
2. **Escalation:** Increased intervention required on the part of the CBSA/SP to maintain compliance
3. **Withdrawal of Services:** SP withdraws supervision due to multiple instances of non-compliance/eligibility of individual



## Enforcement Phase Escalation Process

- A recommendation to escalate an individual may be made by the SP or the CBSA when there are circumstances present that suggest the current CCMS Supervision Agreement is not sufficient to mitigate the risk the individual may pose.
- These recommendations must be documented on the *CCMS Change of Conditions Form* (BSF806) to identify the new proposed set of conditions and services that the SP wishes to be imposed on the individual.
- Upon receipt of a recommendation to escalate an individual, the CLO, in consultation with the Hearings Office (and IRB as required), will determine the appropriateness of the recommendation and make a decision. This includes drafting a revised *Change of Conditions Form* (BSF806) to outline the adjusted programming, in consultation with the SP.
- If the CBSA or IRB makes a decision to escalate an individual within the CCMS program, the SP and/or a CBSA officer must meet with the individual to explain the changes to their programming and why. This meeting is to occur within three (3) calendar days to communicate the revised ATD plan.

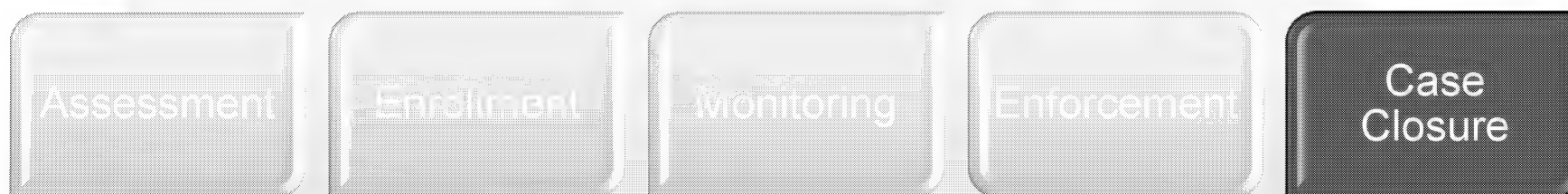


## Enforcement Phase Withdrawal of Services

- A Withdrawal of Services is to be undertaken when an individual's behaviour changes negatively, and/or they become uncooperative. The participant may indicate to the SP case worker that they no longer agree with the imposed conditions, or through a breach in the conditions as stated on their CCMS Supervision Agreement (or corresponding / updated conditions outlined on the subsequent BSF807 form(s)).
- The SP must inform the CLO via telephone no more than six (6) hours from the time of the recommendation to withdraw supervision services and this information must be documented in the *CCMS Report of Non-Compliance Form* (BSF807).
- The CBSA will work with the SP to resolve any issues resulting in the recommended withdrawal of a participant, to ensure that all mitigation measures have been considered and/or exhausted prior to agreeing to the withdrawal.
- Further consultation with the IRB may be required by the CBSA before the participant can officially be withdrawn from the program.



## Case Closure



Case Closure can be the result of various potential case resolutions/outcomes:

- An individual has shown success with community programming and no longer requires monitoring: **reduced to other terms and conditions as required**
- An individual's immigration status changes: **remain in Canada**
- An individual is **removed** from Canada
- An individual is **withdrawn** from CCMS programming

The SP will complete and forward the *CCMS Change of Conditions Form* (BSF806) to the CLO. Upon receipt of a recommendation to discharge an individual from the CCMS program, the CLO will review the recommendation and notify the ID (as required). When the decision to discharge an individual from CCMS programming is made by the CBSA and/or the IRB, the CLO will notify the SP as soon as possible.

The decision to discharge an individual from CCMS programming resides with the CBSA and/or the IRB.



## **For More Information**

Contact your Regional Community Liaison Officer

**Pacific Region**

**Prairie Region**

**Greater Toronto Area Region**

**Southern Ontario Region**

**Northern Ontario Region**

**Quebec Region**

**Atlantic Region**



# CCMS Service Provider Information

City	Low and Medium Intervention	High Intervention
Vancouver		
Victoria		
Kamloops		
Calgary		
Edmonton		
Winnipeg		
Regina		
Saskatoon		
Toronto		
Windsor		
Niagara		
London		
Sarnia		
Ottawa		
Kingston		
Montréal		
Halifax		
Moncton		
Saint John		
St. John's		

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PROTECTED A

## ALTERNATIVES TO DETENTION

### ISSUE

A core commitment under the National Immigration Detention Framework (NIDF) was to implement an expanded Alternatives to Detention (ATD) Program.

### BACKGROUND

The *Immigration and Refugee Protection Act* (IRPA) and Regulations do not define "alternatives to detention." The ATD Program is a collection of intervention options and processes. ATDs include any condition that may be imposed on an individual to offset a risk they represent to the enforcement objectives and the Agency's mandate.

The imposition of conditions must be considered throughout the arrest and detention process. They can be considered before an arrest has taken place, after an arrest has occurred, and while an individual is in detention. ATDs may also be considered in the context of removal, with the goal of encouraging compliance until removal, where possible.

The introduction of new ATDs enable CBSA officers to ensure detention is truly a measure of last resort. CBSA officers have always used ATDs however programming has historically been directed to lower risk individuals and regional variances in available release options existed.

ATDs are considered using a risk analysis process that assesses relevant risk and mitigating factors and case specific circumstances to ensure that an individual's risk can be sufficiently managed within community. ATDs enable individuals to be released from detention and managed within the community. Only those individuals whose risk can be effectively managed through ATDs would be considered for community release. Should an Officer lack sufficient information to refer an individual to an ATD at the time of arrest, or determine that the risk cannot be sufficiently managed through the imposition of an ATD at that point in time, detention may be warranted.

Consideration for an ATD is limited to cooperative individuals (they must agree to the terms of release) whose risk can be mitigated through enrolment on an ATD.

### ***Community Case Management and Supervision (CCMS)***

CCMS is intended for persons that lack a bondsperson, or who require support in addition to a bondsperson to mitigate risk upon release into the community. The CBSA has contracted partnerships with the John Howard Society of Canada, the Toronto Bail Program and the



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Salvation Army. Services delivered by these partners include: reporting requirements; health and mental health support; addiction support; referrals to employment and housing support; referrals to family and child programs; and mandatory residency, as required. Contracts with service providers require them to consider all candidates referred to them by the CBSA or the Immigration and Refugee Board (IRB), including families and vulnerable individuals. Service providers have a right of refusal if they believe they are unable to effectively support an individual in the community.

### ***Voice Reporting***

Voice Reporting allows individuals to report to the CBSA via telephone using an automated system that confirms their identity using voice biometrics and records their location when calling in from a cellular phone. Individuals are required to call in on a regular schedule determined by the CBSA or the IRB. Individuals are required to consent to the sharing of their location information prior to enrolling. The CBSA will investigate and take the appropriate action if individuals fail to call or attempted fraud is detected.

### ***Electronic Monitoring***

The EM monitoring system is built upon real-time location data collected and analysed in a central facility and reported to regional staff to pursue for enforcement as appropriate. The Agency has partnered with the Correctional Service of Canada (CSC) through a Memorandum of Understanding, to deliver the technology, using the systems and resources already available through CSC.

The EM program was initially only available in the GTA region, however it was expanded to Quebec Region in April 2020.

The CBSA closely monitors individuals' compliance with ATD conditions, in a risk-based manner. Compliance with these conditions is assessed by regional staff with input from various partners involved in the immigration continuum, including contracted partners. Any violation of conditions is reviewed and actioned by the CBSA immediately, in alignment with CBSA investigation priorities and response protocols.

## **STATUS**

The ATD Program has led to fewer people in immigration detention overall, better options for managing vulnerable people or family situations, and greater national consistency in the way individuals are treated across the country.

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In Q4 2019-2020, 697 persons were released from detention on an ATD, representing 32.9% of all detentions in that quarter. Since program launch, upwards of 3924 persons have been enrolled in an ATD under the expanded program (includes voice reporting, CCMS and electronic monitoring only). At the end of Q4 2019-2020, there were over 12,759 active persons subject to an ATD condition, which includes individuals who may have been released from detention prior to the expansion of the program in 2018 and individuals who had a condition imposed through the immigration process but may not have been originally subject to detention.



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# Alternatives to Detention Program

## CBSA Officer Training



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## Training Aids

The following link to the ATD Officer Tool Kit on Atlas will be helpful to have on hand as you complete this training:



## Context: The National Immigration Detention Framework

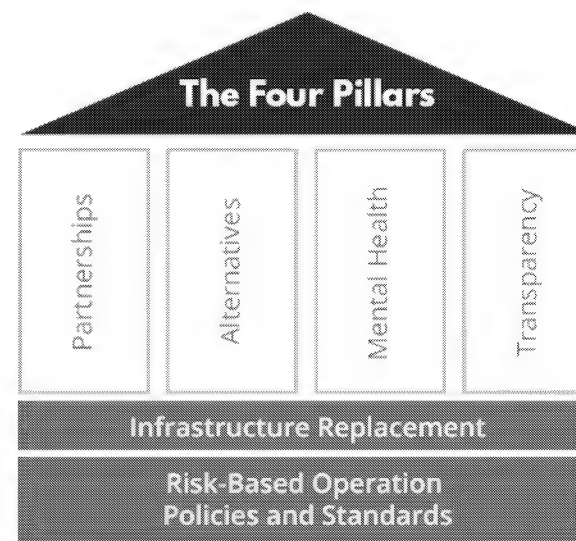
The National Immigration Detention Framework (NIDF), announced in 2016, enhances Alternatives to Detention (ATDs), provides better mental and medical health services at CBSA Immigration Holding Centres (IHC), expands partnerships and includes key investments to improve immigration detention infrastructure.

**Goal:** Persons treated fairly and commensurate with risk

### Outcomes:

- Safe, secure and humane detention conditions
- Improved detainee well-being
- Consistent, risk-based national program
- Sustainable and affordable

A key pillar of the NIDF is the identification of ATDs.



The four pillars of the national Immigration Detention Framework



## The Alternatives to Detention Program

- According to the Immigration and Refugee Protection Act (IRPA), people are only detained when grounds for detention exist and after all ATDs have been considered.
- Although immigration detention continues to be a necessary immigration enforcement tool designed to preserve program integrity and public safety, the availability of ATDs may allow a person to be released under specific terms and conditions.
- On June 22, 2018, the CBSA launched the ATD Program, which provides officers with an expanded set of tools and programs that enable them to more effectively manage the needs of individuals released into the community, while achieving balanced enforcement outcomes. The ATD Program is founded on risk-based nationally consistent programming for individuals deemed suitable for release.



## Expanded Alternatives to Detention

In addition to traditional forms of release,

- **In-Person Reporting**
- **Deposit**
- **Guarantee**

The ATD Program now includes:

- A **Community Case Management and Supervision (CCMS)** program that aligns in-community support services with individuals' needs to mitigate any risk factors;
- A national **Voice Reporting (VR)** program that will enable individuals to comply with reporting conditions by using voice biometrics to report to the CBSA at a prescribed interval; and,
- An **Electronic Monitoring (EM)** Pilot Project in the Greater Toronto Area Region and Quebec Region that uses GPS and Radio Frequency technology to monitor an individual's whereabouts.



## Role of Service Providers: CCMS Services

- The CBSA has contracted Service Providers (SP) who are experts in community support programming, to facilitate the release and supervision of individuals subject to immigration detention through the use of CCMS.
- Individuals who are stable in the community are more likely to comply with IRPA requirements and conditions imposed, and CCMS improves the individual's ability to maintain a stable community living situation by supporting their health, wellness and autonomy through communication, education, identification of community resources, and facilitation of service.
- Contracts have been negotiated with the **Toronto Bail Program (TBP)**, the **Salvation Army (SA)** and the **John Howard Society (JHS) of Canada** for the delivery of programming.





## Voice Reporting (VR)

- VR allows individuals to report to the CBSA using their biometric voice print to confirm identity and fulfill a reporting condition as an alternative to in-person reporting. It is appropriate for individuals who have a history of non-compliance or pose a heightened risk to complying with immigration program requirements.
- VR adds the ability to capture an individual's physical location at the time of their reporting through Global Positioning System (GPS) functionality of their phones, and using cell phone tower triangulation. In instances where an individual fails to comply, this functionality is intended to assist the CBSA in initiating an investigation into their whereabouts.
- This new technology is less burdensome for the individual when compared to in-person reporting as it does not require the individual attend a CBSA office. It is particularly well suited to individuals in remote or distant locations for whom in-person reporting would not be possible, or less practical.
- SPs may be asked to allow an ATD participant to call the VR system from a land line in their facility in situations where they lack a cell phone.



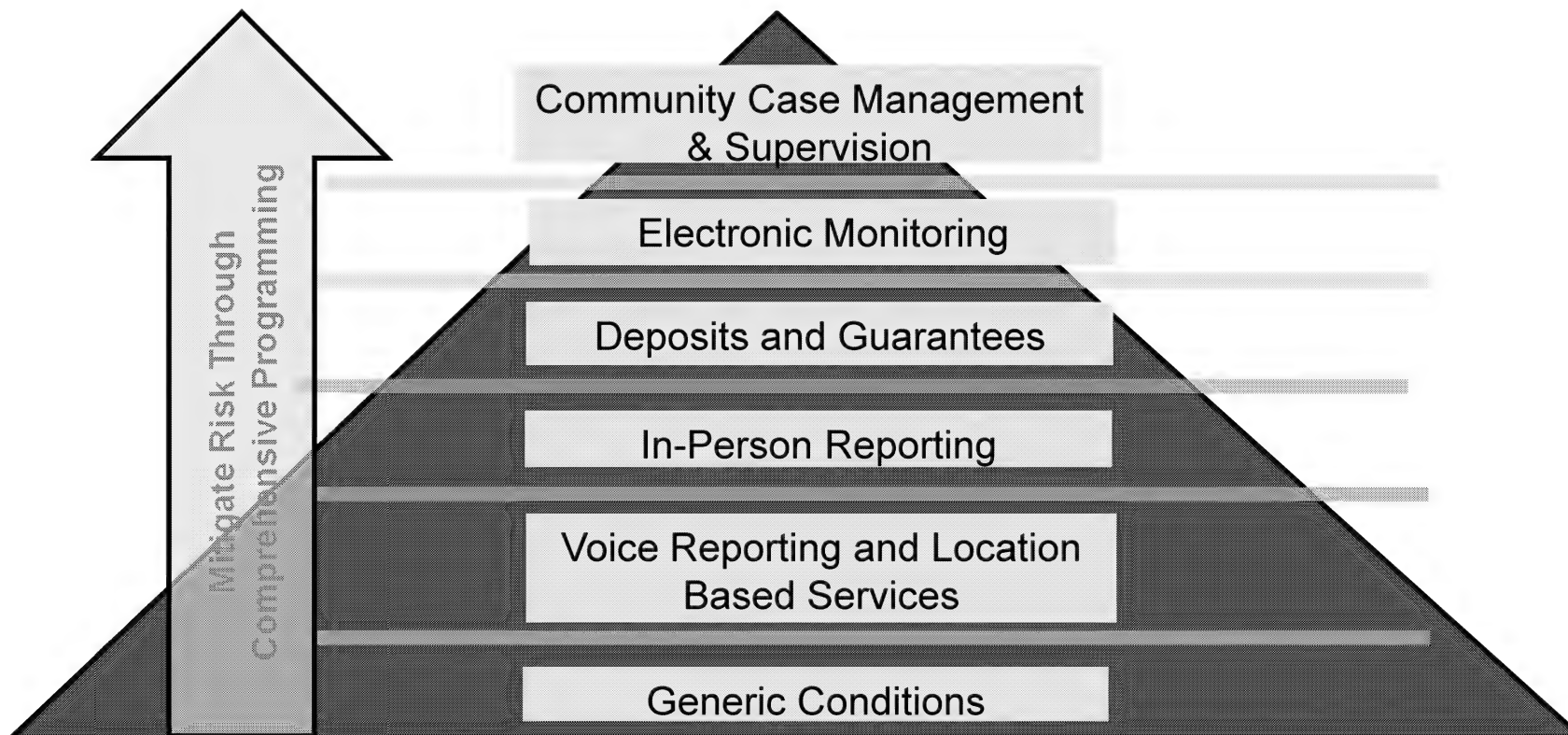
## Electronic Monitoring (EM)

- The **EM pilot in the Greater Toronto Area and Quebec Regions** and the CBSA is currently undertaking a comprehensive analysis of program viability and the possibility of expanding EM programming into other regions.
- The CBSA has partnered with Correctional Service of Canada (CSC) to use the same technology and benefit from the National Monitoring Centre (NMC) already established through their pilot.
- EM requires the installation of an ankle monitor and a radio frequency device in the individual's place of residence and involves ongoing real-time monitoring of high-risk individuals in the community.



# ATD Pyramid of Mitigation

The following ATD pyramid depicts the level of mitigation associated with each ATD element that can be imposed by the CBSA, with least intrusive mitigation starting at the bottom.



CCMS provides the highest level of risk mitigation because it supports behavior changes whereas the other ATDs primarily mitigate risk based on the consequences of the individual getting caught not complying with conditions.



## Community Liaison Officer

The CBSA's Community Liaison Officer (CLO) position was created to support the development of the ATD Program in the all regions, and specifically to help administer CCMS programming.

The CLO is the liaison between contracted SPs and the CBSA. The CLO is responsible for monitoring program use and the availability of resources, and ensuring that ATD Program guidelines are being followed. They are also the ATD Program point of contact for the public, including detainee's counsel and Non-Government Organizations.

Specifically, the CLO:

- Assists officers during assessments to determine which ATDs may mitigate risk;
- Monitors compliance with release conditions;
- Acts as point of contact for all contracted service providers and supports contract management;
- Monitors and provides performance data on the ATD Program in their region; and,
- Completes and updates CBSA forms used by the ATD Program.



# CCMS Programming

The following community support tools should be available through the SPs, when applicable, to support and facilitate the release of individuals:

- **Case Management:** A function directly undertaken by the SP to identify and manage the appropriate nature and frequency of CCMS services. At a minimum, the individual will be required to report to the SP office at regular intervals to update on changes to their living situation.
- **Health Support:** Individuals who have a medical condition that requires significant ongoing treatment may be eligible to receive support from the SP in arranging and managing their treatment in the absence of a support system of their own.
- **Mental Health Assistance:** Individuals with mental health issues that are likely to impact their compliance with conditions require treatment options that support and encourage compliance with IRPA requirements and other imposed conditions. These services may be provided by out-patient treatment program operators only, and are available through the SP or subcontracted by SP district or head office(s).
- **Addiction and Substance Abuse:** Individuals whose ability to comply with conditions is impacted by addiction should have access to treatment programs designed to minimize the impact of their addiction and assist with maintaining stability.
- **Housing:** Individuals with housing needs should receive assistance from the SP in accessing local resources. Short and longer term housing options may be considered. Stable housing will contribute to an increased likelihood of compliance. However, the national housing shortage facing all regions in Canada negatively impacts the ability for SPs to secure housing.
- **Employment:** Individuals who are eligible to work in Canada should receive assistance from the SP to access local employment resources, as well as a work permit as required.
- **Child-related or Family Needs:** Individuals with child-care needs should receive assistance from the SP in accessing local resources.
- **Mandatory Residency:** High risk individuals who require close supervision may be eligible to be placed into residential facilities operated by the SP or those subcontracted by their district or head office(s).



## CCMS Intervention Levels

Through joint consultations, the CBSA and the SP will determine the level of intervention required to mitigate risk, support release into the community and encourage compliance until the individual is no longer an ATD Program participant. The required level of intervention, and associated payment model, will be determined by the types of support needed by the individual:

- **Low Intervention:** individuals requiring case management and in-person reporting to the SP to maximize program compliance.
- **Medium Intervention:** individuals requiring in-person reporting to the SP to maximize program compliance, and multiple types of community-based care.
- **High Intervention:** individuals requiring mandatory residency, daily in-person reporting, high intensity programming (e.g. daily treatment and/or therapy) and may also be paired with a substantial cash/performance bond with limitations on community access (e.g. with a curfew and/or bondsperson escort to programming activities).



## ATD Business Process

The ATD Program follows generally accepted case management principles. The five main phases of the ATD business process in the provision of CCMS services are as follows:







## Assessment Phase



The assessment phase can begin at the point of arrest, after the individual has been admitted to a detention centre, or in advance of a detention review.

A CBSA officer will begin the assessment phase by undergoing a comprehensive review of existing and known information to identify the types and severity of risk that may be posed by a detained individual upon release. Specifically, the CBSA considers the viability of an individual's willingness to comply with ATD programming, and identifies the ATD tools that may sufficiently mitigate risk and increase the likelihood of success in the community.

The CBSA's Risk Assessment can result in one of three outcomes:

1. Continued detention;
2. Release on a deposit/guarantee, in-person reporting and basic terms and conditions, Voice Reporting and/or Electronic Monitoring; and/or,
3. Referral to a contracted service provider for a CCMS assessment.



## Assessment Phase CCMS Referral (Form: BSF801)

- Upon the decision to refer an individual for CCMS, the CBSA will initiate the assessment phase with the contracted SP through the provision of the *CCMS Referral Form* (BSF801).
- The CBSA (CLO, Hearings Officer, or other CBSA officers) completes Parts 1 and 2 of the form, and is to send it to the relevant SP office via secure email.
- The BSF801 form will document the proposed CCMS release plan, including any proposed services or level of intervention in order to mitigate the risk posed by the individual if released in the community.
- All relevant information available to the CBSA officer should be included in the form to allow the CCMS SP to complete their assessment of the individual, as well as consider the availability and relevance of services and/or treatment.
- The TBP uses their Interview Results Form in order to provide the CBSA with information collected during the assessment interview. The CBSA does not complete part of this form in advance.



## Assessment Phase

### CCMS Referral (Form: BSF801)

The SP must complete an eligibility assessment for every individual that is referred to it by the CBSA, and must base their eligibility assessment on information included in the *CCMS Referral Form* (BSF801).

Upon receipt of a referral from the CBSA for CCMS programming, the following should be undertaken by the SP:

- A comprehensive review of the information provided on the BSF801;
- Initiate contact with the CLO with a plan to complete the assessment phase;
- Set up an in-person or remote interview (via telephone) with the individual in question to:
  - Verify the completeness and accuracy of information provided by the individual to the CBSA; and,
  - Identify or confirm appropriate services under the CCMS program to effectively manage and monitor that individual.
- Complete Part 3: must lay out all elements of services for consideration and address each risk identified by the CBSA

Return the form to the CLO within 48h (unless agreed to with the CLO in advance) with a recommendation and proposed release plan.

The CLO then forwards the recommendation to the CBSA officer and/or Hearings Officer to be used in the detention hearing before the IRB ID, when applicable.



## Enrollment Phase



Once CCMS programming has been imposed as a condition of release by the CBSA or the IRB ID, the CLO will make arrangements with the SP to enroll the individual via an enrollment interview.

A CCMS enrollment interview should confirm the specific type and frequency of CCMS services required for the individual and formally confirm cooperation and acceptance by the individual of all ATD Program requirements specific to their case.

For **low and medium intervention cases**, individuals will be released with a direction to report to the SP office for their enrollment interview at 10:00am the next business day.

For **high intervention cases**, release is conditional upon successful enrollment in CCMS programming; the CBSA will either transport the individual to one of the SP facilities or ask that the SP attend the detention facility to complete the enrollment process.



## Monitoring Phase



The monitoring phase begins with successful enrollment in CCMS programming. The role of the CCMS SP in the monitoring phase is active community supervision and case management.

In this phase the SP is required to maintain a regular dialogue with the individual, monitor compliance and appropriateness of services and minimize the risk of the individual absconding.

In-person reporting is to take place at the SP office as per the ATD Supervision Agreement, and be coupled with programming within the community. The SP must use their extensive referral network and expertise to provide assistance and guidance to participants under their supervision.



## Monitoring Phase Regular Compliance Reviews

The monitoring phase involves undertaking standard compliance reviews at pre-determined intervals to ensure continued compliance of a participant and may include, but are not limited to:

- Attend a participant's place of employment to verify status and location, if relevant;
- Attend a participant's place of residence to confirm location;
- Engage with, or attend community support offices used by the participant to ensure compliance;
- Issue call-in notices to a participant to attend CBSA interviews when requested by the CBSA.

High intervention cases are to have reviews every 30 days; low and medium intervention cases are to have reviews every 120 days; and, ad hoc reviews can take place at a frequency agreed to by the SP and the CLO.

Compliance reviews can result in three potential outcomes:

1. **Status Quo:** No change to programming
2. **De-escalation:** Less intervention required on the part of the CBSA/SP to maintain compliance
3. **Escalation:** Increased intervention required on the part of the CBSA/SP to maintain compliance



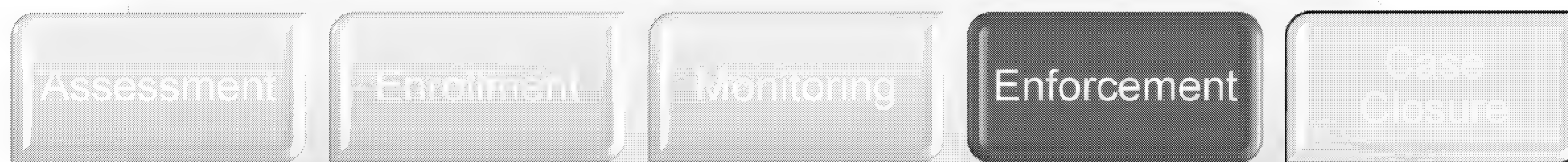
## **Monitoring Phase De-escalation Process**

- A recommendation to de-escalate an individual can be made to the CLO by the CCMS SP case worker when the individual has consistently demonstrated good faith and compliance with their CCMS Supervision Agreement.
- De-escalation may also take place when an individual does not require the current level of services and/or programming described in their original CCMS Supervision Agreement through the recommendation of a doctor and/or support group leader.
- This phase is initiated by the SP for all participants enrolled in the CCMS program, in partnership with the CBSA. Upon receipt of the SP recommendation to de-escalate, the CLO will consult with the Hearings Officers and the ID (as required) and determine the appropriateness of the recommendation and render a decision.
- The decision to de-escalate an individual within the CCMS program resides solely with the CBSA and/or the ID.





## CCMS Enforcement



The enforcement phase begins when a participant fails to comply, or fails to appear for a mandatory meeting/appointment with the SP or other party, as required under the Supervision Agreement.

In the event of a breach of conditions, non-compliance of an individual, or absconding by an individual, the SP must perform a non-compliance review. This review involves the completion of a desk investigation (attempting to contact the client) and notifying the CBSA of any unresolved issues.

**Low and medium intervention** cases should follow pre-established service standards in relaying information to the CBSA (service standard for the transfer of information for these intervention levels is 60 minutes from the time of incident).

**High intervention cases** should be forwarded to the CBSA immediately by calling the regional CBSA inland office (service standard for the transfer of information for this level of intervention is 30 minutes from the time of incident).



## Enforcement Phase

As a follow-up to the SPs call with the CLO/Duty Manager, case information will be sent to the CLO via the BSF807 form. The SP and the CLO (with input from the duty manager as required) will work together to identify and action all non-compliance. CCMS non-compliance review outcomes include:

1. **Status Quo:** No change to programming
2. **Escalation:** Increased intervention required on the part of the CBSA/SP to maintain compliance
3. **Withdrawal of Services:** SP withdraws supervision due to multiple instances of non-compliance/eligibility of individual



## **Enforcement Phase Escalation Process**

- A recommendation to escalate an individual may be made by the SP or the CBSA when there are circumstances present that suggest the current CCMS Supervision Agreement is not sufficient to mitigate the risk the individual may pose.
- These recommendations must be documented and identify the new proposed set of conditions and services that the SP wishes to be imposed on the individual.
- Upon receipt of a recommendation to escalate an individual, the CLO, in consultation with the Hearings Officer and/or the IRB ID as required, will determine the appropriateness of the recommendation and make a decision.
- If the CBSA or IRB ID makes a decision to escalate an individual within the CCMS program, the SP must meet with the individual to explain the changes to their programming and why. This meeting is to occur within three (3) calendar days to communicate the revised ATD plan.

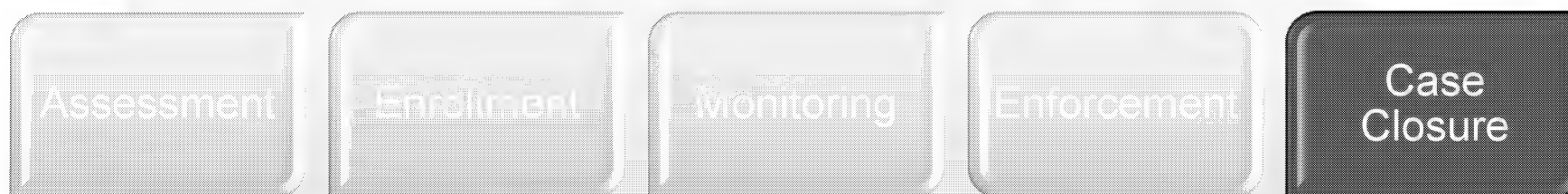


## **Enforcement Phase Withdrawal of Services**

- A Withdrawal of Services is to be undertaken when an individual's behaviour changes negatively, and/or they become uncooperative. The participant may indicate to the SP that they no longer agree with the imposed conditions, or through a breach in the conditions as stated on their CCMS Supervision Agreement.
- The SP must inform the CLO via telephone no more than six (6) hours from the time of the recommendation to withdraw supervision services and this information must be documented in writing to the CBSA.
- The CBSA will work with the SP to resolve any issues resulting in the recommended withdrawal of a participant, to ensure that all mitigation measures have been considered and/or exhausted prior to withdrawing services.
- Further consultation with the IRB ID may be required by the CBSA before the participant can officially be withdrawn from the program.



## Case Closure



Case Closure can be the result of various potential case resolutions/outcomes:

- An individual has shown success with community programming and no longer requires monitoring: **reduced to other terms and conditions as required**
- An individual's immigration status changes: **remain in Canada**
- An individual is **removed** from Canada
- An individual is **withdrawn** from CCMS programming

Upon receipt of a recommendation to discharge an individual from the CCMS program, the CLO will review the recommendation and notify the ID (as required). When the decision to discharge an individual from CCMS programming is made by the CBSA and/or the IRB ID, the CLO will notify the SP as soon as possible.

The decision to discharge an individual from CCMS programming resides with the CBSA and/or the IRB ID.



## **For More Information**

Contact your Regional Community Liaison Officer

**Pacific Region**

**Prairie Region**

**Greater Toronto Area Region**

**Southern Ontario Region**

**Northern Ontario Region**

**Quebec Region**

**Atlantic Region**



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# Managing the CBSA's Alternatives to Detention Program throughout the COVID-19 Pandemic



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# Purpose

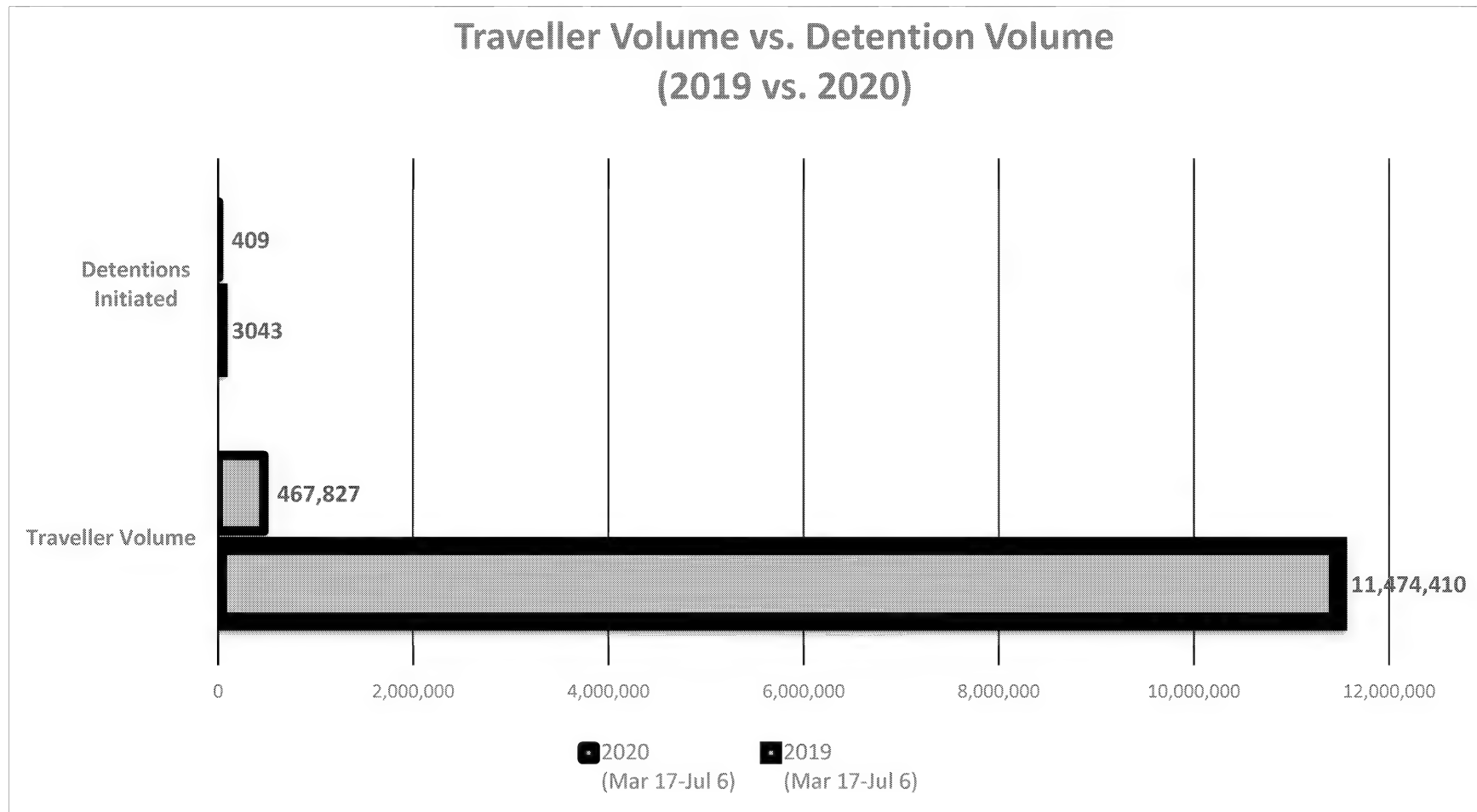
- To provide an overview of the landscape of the Alternatives to Detention (ATDs) Program during COVID-19.
- To highlight program successes and challenges.
- To provide the next steps and way forward for the ATD Program.

## ATD Background

- As a key pillar to the National Immigration Detention Framework (NIDF), the ATD program provides officers with an expanded set of tools and programs that enable them to more effectively manage our clients while achieving balanced enforcement outcomes.
- The expanded ATD Program is a collection of release conditions that extend beyond those previously offered, which were limited to the imposition of a deposit, guarantee and reporting conditions.
- As of June 2018, the ATD Program includes:
  - Community Case Management and Supervision (CCMS)
  - National Voice Reporting (VR)
  - Electronic Monitoring (EM) - Pilot Project
- The ATD program aims to offer alternatives to individuals that would have otherwise been detained.

## **OB-2020-28: Temporary Measures to Guide Decisions to Detain and Consideration of Alternatives to Detention**

- An Operational Bulletin (OB) was released on April 14, 2020 in response to the COVID-19 pandemic.
- The OB reminded officers that it was becoming increasingly important to explore all viable Alternatives to Detention (ATDs).
- In all ATD instances, support in the community is essential to increase an individual's likelihood of compliance. The provision of stable housing and socio-health programming also helps to mitigate risk.
- Consideration was given to the expansion of Electronic Monitoring (EM) Pilot as an ATD outside of the Greater Toronto Area.
- Where detainees currently have an in-person reporting condition, officers must consider amending this condition to telephone or voice reporting.



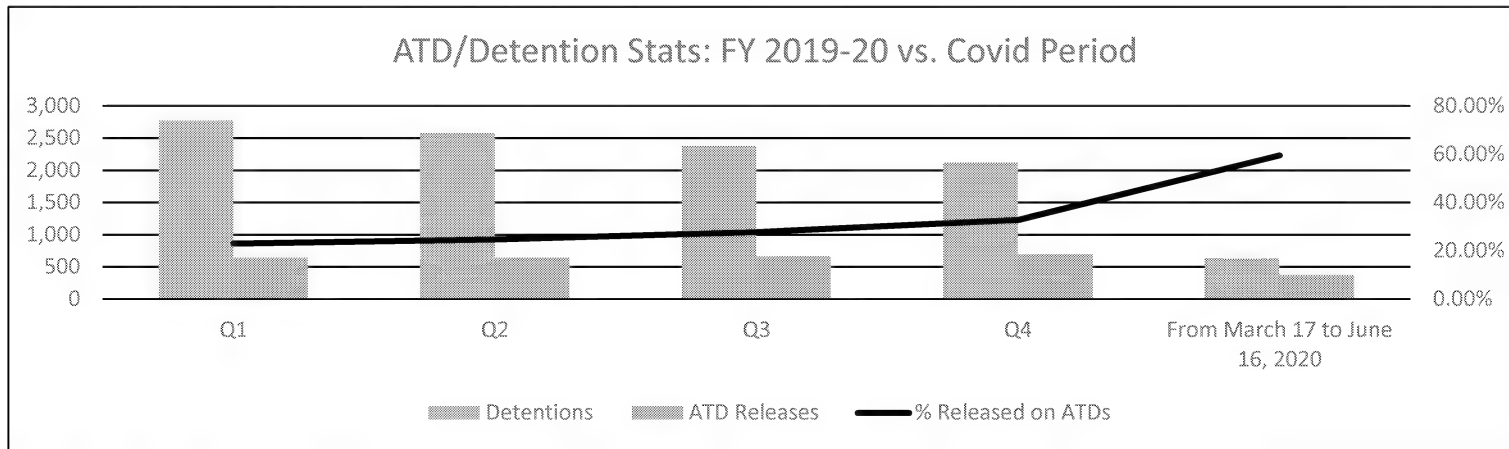
Between **March 17 and July 6, 2019** 3,043 detentions were initiated. Between **March 17 and July 6, 2020** 409 detentions were initiated representing an 87% reduction.

Between **March 17 and July 6, 2019** 12,058,954 non-Canadian citizen travellers entered Canada. Between **March 17 and July 6, 2020** 935,954\* non-Canadian citizen travellers entered Canada representing a reduction of 92%.

\*this number includes all travellers including commercial traffic

# ATD Statistics

- Overview of persons released on an ATD - FY 2019-2020 compared to Covid period



- Although the number of persons released on ATDs has gone down between March 17 – June 16, 2020, it is important to note the large decrease in detentions as well.
- From March 17 to June 16, 2020 there were 378 individuals released on ATDs, down from 697 the previous quarter. However, there were only 634 people in detention during the covid period.
- The percentage of the detained population released on ATDs during Covid is 59.6%, a 26% increase since Q4 last fiscal year (pre-Covid).

## **Program Delivery - CCMS**

- CCMS service providers continue to deliver programming in all regions through alternative telephone reporting (in lieu of in-person) and work from home arrangements (e.g. case management).
- NHQ continues to work with all CBSA Community Liaison Officers (CLOs) to remain apprised of the changing environment.
- CCMS service providers submitted individual pandemic responses for review by the CBSA.
- CCMS service providers have been advised of a potential increase in referrals from both the CBSA and the Immigration and Refugee Board (IRB); however, spaces cannot be guaranteed to meet a potential surge in all regions.

## COVID-19 CCMS - Operational Snapshot

- ***Removals:*** Several CCMS cases are removal ready.
- ***Medium Risk Housing.***
- ***Programming:***

The Agency has, however, been able locate programming through other means (from distance – over the telephone) for those already released on ATDs.

## **CCMS - Adaptation and Evolution**

- Service providers were able to adapt to influx of referrals, supporting releases in line with CBSA Operational Bulletin released in April.
- Service providers were able to provide and ensure pandemic plans were in place and ready for use.
- The John Howard Society, along with support from the PAC Region and CBSA NHQ, was able to solidify and open  
in Vancouver – giving the region more medium intervention beds for use.
- Although already trained on EM last summer for a different purpose, the Agency was able to adapt and expand the use of EM to the Quebec Region under the same eligibility criteria being used in the GTA.



# CCMS - Challenges

## **Electronic Monitoring - Enrollments and Alerts**

- There have now been 42 releases through the EM Pilot Project since its launch in June 2018 (3 in Quebec, 39 in GTA). This data includes multiple enrollments for the same individual.
- Unlike other ATD tools used for higher risk individuals, EM allows the Agency to track individuals once they have absconded

## EM During Covid-19

- Of the 369 individuals released on ATDs between March 17 and June 16, there have been:

## Way Forward

- The Agency will be seeking contract amendments with some of its CCMS vendors to ensure appropriate programming and support is in place to continue to support and maintain release throughout the pandemic, as well as for the remainder of the fiscal year.
- The Agency will continue working with service providers on the delivery of services during Covid but also examine the delivery model post-Covid.
- Consultations will continue with Regions to ensure that ATDs are administered in a timely and consistent manner across Canada.



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# Community Case Management and Supervision (CCMS) Program

## Service Provider Training



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## Training Aids

The following documents will be referenced throughout the training module. It will be helpful to have them on hand as you complete your training:

- Memorandum of Understanding/Statement of Work for your specific organization/affiliate
- Forms:
  - ❖ BSF801: Community Case Management and Supervision Referral
  - ❖ BSF802: Community Case Management and Supervision Agreement
  - ❖ BSF805: Community Case Management and Supervision Case Summary
  - ❖ BSF806: CCMS Change of Conditions
  - ❖ BSF807: Community Case Management and Supervision Report of Non-Compliance
- Policies:
  - ❖ Community Case Management and Supervision Funding Request Protocol
  - ❖ Sending and Saving WINZIP - Standard Operating Procedure
  - ❖ Work Permit Application Policy
  - ❖ Interpreter Policy
  - ❖ CBSA ATD Transfer Policy
  - ❖ CBSA ATD CLO Job Function
  - ❖ CBSA ATD Per Diem Policy



## Context: The National Immigration Detention Framework

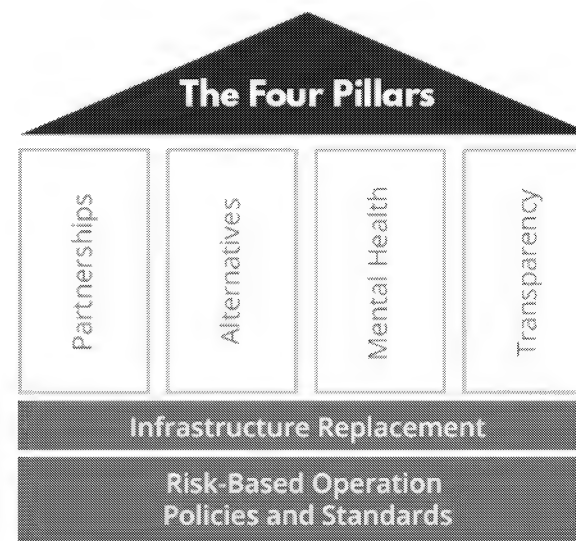
The National Immigration Detention Framework (NIDF), announced in 2016, enhances Alternatives to Detention (ATDs), provides better mental and medical health services at CBSA Immigration Holding Centres (IHC), expands partnerships and includes key investments to improve immigration detention infrastructure.

**Goal:** Persons treated fairly and commensurate with risk

### Outcomes:

- Safe, secure and humane detention conditions
- Improved detainee well-being
- Consistent, risk-based national program
- Sustainable and affordable

A key pillar of the NIDF is the identification of ATDs.



The four pillars of the national Immigration Detention Framework



## The Alternatives to Detention Program

- In accordance with the Immigration and Refugee Protection Act (IRPA), people are only detained when grounds for detention exist and after all ATDs have been considered.
- Although immigration detention continues to be a necessary immigration enforcement tool designed to preserve program integrity and public safety, the availability of ATDs may allow a person to be released under specific terms and conditions.
- On June 22, 2018, the CBSA launched the ATD Program, which provides officers with an expanded set of tools and programs that enable them to more effectively manage the needs of individuals released into the community, while achieving balanced enforcement outcomes. The ATD Program is founded on risk-based nationally consistent programming for individuals deemed suitable for release.





## Alternatives to Detention

Traditionally, ATD options included:

**In-Person Reporting:** To facilitate the monitoring of the individual in the community, the CBSA and/or the Immigration and Refugee Board (IRB) Immigration Division (ID) may require that an individual present themselves to the CBSA according to a fixed schedule.

**Deposit:** Money provided by a guarantor (a Canadian Citizen or Permanent Resident residing in Canada) to encourage compliance with the conditions of release.

**Guarantee:** A promise by the guarantor to pay a sum of money if the conditions of release are not met.



## Expanded Alternatives to Detention

In addition to traditional forms of release, the ATD Program now includes:

- A **Community Case Management and Supervision (CCMS)** program that aligns in-community support services with individuals' needs to mitigate any risk factors;
- A national **Voice Reporting (VR)** program that will enable individuals to comply with reporting conditions imposed by the CBSA or the IRB, by using voice biometrics to report to the CBSA at a prescribed interval (see Annex A); and,
- An **Electronic Monitoring (EM)** Pilot Project in the Greater Toronto Area Region and Quebec Region that uses GPS and Radio Frequency technology to monitor an individual's whereabouts.



## Community Liaison Officer

The CBSA's Community Liaison Officer (CLO) position was created to support the development of the ATD Program in the seven (7) CBSA regions, and specifically to help administer CCMS programming.

The CLO is the liaison between contracted service providers and the CBSA. The CLO is responsible for monitoring program use and the availability of resources, and ensuring that ATD Program guidelines are being followed. They are also the ATD Program point of contact for the public, including detainee's counsel and Non-Government Organizations.

Specifically, the CLO:

- Assists officers during assessments to determine which ATDs may mitigate risk;
- Monitors compliance with release conditions;
- Acts as point of contact for all contracted service providers and supports contract management;
- Monitors and provides performance data on the ATD Program in their region; and,
- Completes and updates CBSA forms used by the ATD Program.



## Role of Service Providers: CCMS Services

- As an expert in community support programming, you have been contracted by the CBSA to facilitate the release and supervision of individuals subject to immigration detention through the use of CCMS.
- Because an individual who is stable in the community is more likely to comply with IRPA requirements and conditions imposed, CCMS improves the individual's ability to maintain a stable community living situation by supporting their health, wellness and autonomy through communication, education, identification of community resources, and facilitation of service.
- Contracts have been negotiated with the **Toronto Bail Program (TBP)**, the **Salvation Army (SA)** and the **John Howard Society (JHS) of Canada** for the delivery of programming.



# CCMS Programming

The following community support tools should be available through your organization, when applicable, to support and facilitate the release of individuals:

- **Case Management:** A function directly undertaken by the service provider to identify and manage the appropriate nature and frequency of CCMS services. At a minimum, the individual will be required to report to your office at regular intervals to update on changes to their living situation.
- **Health Support:** Individuals who have a medical condition that requires significant ongoing treatment may be eligible to receive support from you as the service provider in arranging and managing their treatment in the absence of a support system of their own.
- **Mental Health Assistance:** Individuals with mental health issues that are likely to impact their compliance with conditions require treatment options that support and encourage compliance with IRPA requirements and other imposed conditions. These services may be provided by out-patient treatment program operators available through your services or subcontracted by your district or head office(s).
- **Addiction and Substance Abuse:** Individuals whose ability to comply with conditions is impacted by addiction should have access to treatment programs designed to minimize the impact of their addiction and assist with maintaining stability.
- **Housing:** Individuals with housing needs should receive assistance from your office in accessing local resources. Short and longer term housing options may be considered. Stable housing will contribute to an increased likelihood of compliance. You're required to update your CLO monthly as to the number of beds available in all housing facilities.
- **Employment:** Individuals who are eligible to work in Canada should receive assistance from your office to access local employment resources, as well as a work permit as required.
- **Child-related or Family Needs:** Individuals with child-care needs should receive assistance from your office in accessing local resources.
- **Mandatory Residency:** High risk individuals who require close supervision may be eligible to be placed into residential facilities operated by your organization or those subcontracted by your district or head office(s).



## CCMS Intervention Levels

Through joint consultations, the CBSA and the service provider will determine the level of intervention required to mitigate risk, support release into the community and encourage compliance until the individual is no longer an ATD Program participant. The required level of intervention, and associated payment model, will be determined by the types of support needed by the individual:

- **Low Intervention:** individuals requiring case management and in-person reporting to the service provider to maximize program compliance.
- **Medium Intervention:** individuals requiring in-person reporting to the service provider to maximize program compliance, and multiple types of community-based care.
- **High Intervention:** individuals requiring mandatory residency, daily reporting, high intensity programming (e.g. daily treatment and/or therapy) and may also be paired with release to a bondsperson on a substantial cash/performance bond with limitations on community access (e.g. with a curfew and/or bondsperson escort to programming activities).



# CCMS Funding Request Protocol

Service contracts are paid based on both fixed and variable costs, depending on the operating expenses incurred. When additional funding is required to further support/facilitate release, a formal request must be submitted to the CBSA, and approval received prior to services being procured.

All requests for CCMS funding must support the mandate of the CBSA, and be justified as being necessary to assist with stabilizing a person in the community while the CBSA completes the enforcement process. In assessing a funding request, the following must be satisfied:

- The request is timely (e.g. there is a distinct timeframe around which the funding is needed and will be used).
- The request is reasonable (e.g. request for rent assistance is comparable to the cost of a shelter bed for the same period).
- For medical products or services, the request is in line with the types of care and products and services offered through the Interim Federal Health Program (IFHP)\* (i.e. requests do not exceed benefits coverage offered through IFHP). Exceptions are possible, but must be justified in the context of the ATD Program objectives.
- All other avenues for funding have been exhausted.

\* **Interim Federal Health Program - Summary of coverage:**

<https://www.canada.ca/en/immigration-refugees-citizenship/services/refugees/help-within-canada/health-care/interim-federal-health-program/coverage-summary.html>



## CCMS Funding Request Protocol

Funding requests are submitted using the CCMS Funding Request template (Annex C).

Using only the Unique Client Identifier (UCI) to identify the individual in question, the CCMS Funding Request template allows both the service provider and the CBSA to accurately identify the intended recipient of programming, and more closely track requests. All discussions between the service provider and the regional CLO should have taken place prior to a formal request being submitted, ensuring all parties are aware and in agreement of the proposed release plan/service plan.

The ATD CCMS Funding Request Template must be completed for each request, and emailed to the Alternatives to Detention inbox:

Please ensure to also include your CLO on all funding request emails.

CBSA NHQ is generally able to actions all requests within a 24 hour service standard (depending on availability of staff with sign-off authority).





## ATD Business Process

The ATD Program follows generally accepted case management principles. The five main phases of the ATD business process in the provision of CCMS services are as follows:





## Assessment Phase



A CBSA officer will begin the Assessment phase by undergoing a comprehensive review of existing and known information to identify the types and severity of risk that may be posed by a detained individual upon release. Specifically, the CBSA considers the viability of an individual's willingness to comply with ATD programming, and identifies the ATD tools that may sufficiently mitigate risk and increase the likelihood of success in the community.

The CBSA's Risk Assessment can result in one of three outcomes:

1. Continued detention;
2. Release on a deposit/guarantee, in-person reporting and basic terms and conditions, Voice Reporting and/or Electronic Monitoring; and/or,
3. Referral to a contracted service provider for a CCMS assessment.



## **Assessment Phase CCMS Referral (Form: BSF801)**

- Upon the decision to refer an individual for CCMS, the CBSA will initiate the assessment phase with the contracted service provider through the provision of the *CCMS Referral Form* (BSF801).
- The CBSA (CLO, Hearings Officer, or other CBSA officers) completes Parts 1 and 2 of the form, and will send it to the relevant service provider office via encrypted email.
- The BSF801 form will document the proposed CCMS release plan, including any proposed services or level of intervention in order to mitigate the risk posed by the individual if released in the community.
- All relevant information available to the CBSA officer should be included in the form to allow you, the CCMS service provider, to complete your own assessment of the individual, as well as consider the availability and relevance of services and/or treatment.



## Assessment Phase CCMS Referral (Form: BSF801)

Upon receipt of a referral from the CBSA for CCMS programming, the following should be undertaken by your office:

- A comprehensive review of the information provided on the BSF801;
- Initiate contact with the CLO with a plan to complete the assessment phase;
- Set up an in-person or remote interview (via telephone) with the individual in question to:
  - Verify the completeness and accuracy of information provided by the individual to the CBSA; and,
  - Identify or confirm appropriate services under the CCMS program to effectively manage and monitor that individual.

In order to complete the assessment you should consider the following factors and document your findings within the BSF801 or supplementary notes made available to the CBSA for consideration.


Please work with your CLO to ensure you have the most recent version of each of these policies and/or are aware of how these CBSA policies impact your service delivery.



# Assessment Interview

As outlined in the contract, during the assessment interview you are required to discuss the following points with the individual:

- a. Current and previous address(es), including the length of residence;
- b. Current and previous employment history;
- c. Criminal history and outstanding charges;
- d. Addictions and mental health history, and commitments to treatment;
- e. Willingness and ability to comply with conditions of community supervision;
- f. Family and community ties;
- g. Financial resources or income;
- h. Nationality;
- i. Willingness and ability to complete travel document application(s); and
- j. Potential bondspersons.



## Outcome of Assessment

- In documenting your findings and justifying your assessment decision three outcomes may arise:
  - Approved into the program ASAP with programming noted
  - Approved into the program with delay with programming noted
  - Denied access to the program with justification noted
- You are required to return the form to the CLO within 48h (unless agreed to with the CLO in advance) from the completion of the assessment with a recommendation and proposed release plan.
- Please follow the WinZip software protocol for sending completed documents to the CLO.



## **Assessment Phase Assessment Timelines & the IRB**

- Completed assessments provided prior to 48 hours of detention allows the CBSA to avoid a detention review before the IRB ID. This allows the CBSA to maintain sole authority of the conditions under which to release an individual.
- If detention continues past the 48 hour timeline, the individual will have their detention reviewed by the IRB ID.
- If the detention is maintained at the 48 hour review, the individual must be brought before the IRB ID again in seven-days (7) and at least every thirty (30) days thereafter.
- The IRB ID may compel the CBSA to refer a case for a CCMS assessment prior to any detention review; the service provider however retains the authority to deny enrollment of individuals they assess as unsuitable for their care.



## Enrollment Phase



Once CCMS programming has been imposed as a condition of release by the CBSA or the IRB ID, the CLO will make arrangements with you to enroll the individual via an enrollment interview.

A CCMS enrollment interview should confirm the specific type and frequency of CCMS services required for the individual and formally confirm cooperation and acceptance by the individual of all ATD Program requirements specific to their case.

For **low and medium intervention cases**, individuals will be released with a direction to report to your office for their enrollment interview at 10:00am the next business day.

For **high intervention cases**, release is conditional upon successful enrollment in CCMS programming; the CBSA will either transport the individual to one of your facilities or ask that you attend the detention facility to complete the enrollment process.





## Enrollment Phase

### CCMS Supervision Agreement (Form: BSF802)

The *CCMS Supervision Agreement* (BSF802) is to be completed by the CCMS case worker. Once completed, the form will highlight the specific level of intervention required, as well as identify the appropriate types of community programming to support and facilitate release. The service provider should ensure that:

- The tombstone data matches the information provided by the CBSA in the *CCMS Referral Form* (BSF801)
- The appropriate CCMS type(s) of support are selected with a brief descriptor under each selected type of care (if known at the time of completion)
- Any pertinent information gathered through the eligibility interview in the comments field is included
- The individual in question reads and confirms understanding of the terms and conditions associated with their release

Any in-house supervision contracts (e.g. house rules, reporting rules, repercussions of non-compliance) are also to be completed at this point (using the notes portion of the form), in support of the CCMS Supervision Agreement.



## Monitoring Phase



The monitoring phase begins with successful enrollment in CCMS Programming. The role of the CCMS service provider in the monitoring phase is active community supervision and case management.

In this phase the service provider is required to maintain a regular dialogue with the individual, monitor compliance and appropriateness of services and minimize the risk of the individual absconding. In-person reporting is to take place at your office, and as per the ATD Supervision Agreement, and be coupled with programming within the community. The service provider must use their extensive referral network and expertise to provide assistance and guidance to participants under their supervision.



## Monitoring Phase Regular Compliance Reviews

The Monitoring Phase involves undertaking standard compliance reviews at pre-determined intervals to ensure continued compliance of a participant and may include, but are not limited to:

- Discuss or attend a participant's place of employment to verify status and location, if relevant;
- Discuss or attend a participant's place of residence to confirm location;
- Engage with, or attend community support offices used by the participant to ensure compliance;
- Issue call-in notices to a participant to attend CBSA interviews when requested by the CBSA.

High intervention cases are to have reviews every 30 days; low and medium intervention cases are to have reviews every 120 days; and, ad hoc reviews can take place at a frequency agreed to by the service provider and the CLO.

Compliance reviews can result in three potential outcomes:

1. **Status Quo:** No change to programming
2. **De-escalation:** Less intervention required on the part of the CBSA/Service Provider to maintain compliance
3. **Escalation:** Increased intervention required on the part of the CBSA/Service Provider to maintain compliance

Information related to CCMS participants will be provided on an ad-hoc basis to the CLO via email using the *CCMS Case Summary Form* (BSF805).



## Monitoring Phase CCMS Case Summary Form (BSF805)

- The *CCMS Case Summary Form* (BSF805) is to be completed by the CCMS contracted service provider when new information becomes available regarding an individual that may assist the CBSA towards removal, and/or change the level of intervention, or the types of support the individual is receiving.
- This form can be used to convey updated or new information to the CBSA, even with no change to programming (e.g. a change in address). In this case, “no change” would be selected in Part 3 of the recommendation section.
- In the event where a change in programming is being recommended “proposed amendments” in Part 3 of the form should be selected, and support/validation for any change in programming should be well documented in the explanation field, ensuring the CBSA has the most up-to-date information on file.



## **Monitoring Phase De-escalation Process**

- A recommendation to de-escalate an individual may be made to the CLO by the CCMS case worker when the individual has consistently demonstrated good faith and compliance with their CCMS Supervision Agreement.
- De-escalation may also take place when an individual does not require the current level of services and/or programming described in their original CCMS Supervision Agreement through the recommendation of a doctor and/or support group leader.
- This phase is initiated by the service provider for all participants enrolled in the CCMS program, in partnership with the CBSA. Upon receipt of your recommendation to de-escalate, the CLO will consult with the ID (as required) and determine the appropriateness of the recommendation and render a decision.
- The decision to de-escalate an individual within the CCMS program resides solely with the CBSA and/or the ID, and will be formally communicated via a revised Changes of Conditions Form (BSF806)



## CCMS Change of Conditions Form (BSF806)

Once a decision is rendered by the CBSA/IRB ID to de-escalate an individual, it must be documented on the *CCMS Change of Conditions Form* (BSF806).

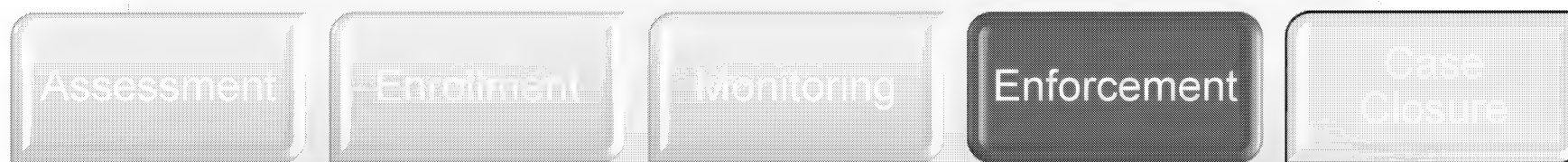
The *BSF806* can be completed by the CCMS contracted service provider or CLO when consideration is being given to change the level of intervention and/or types of support for the individual being managed. Completion of the form involves:

- Completing the tombstone data and identifying current intervention level;
- Identifying the recommended action to be taken and providing sufficient justification;
- Identifying the type of support that is subject to change – in the case of de-escalation, this would likely include removing supports for the individual – and outlining any additional information of relevance leading up to this recommendation.
- Forwarding the completed form to the CLO for their review, using the standard WinZip software email protocol for sending forms to the CBSA.

The service provider must meet with the individual within ten calendar days to communicate the revised CCMS plan; the BSF806 becomes an annex to the original *CCMS Supervision Agreement* (BSF802).



## CCMS Enforcement



The Enforcement Phase begins when a participant fails to comply, or fails to appear for a mandatory meeting/appointment with the service provider or other party, as required under the Supervision Agreement.

In the event of a breach of conditions, non-compliance of an individual, or absconding by an individual, the service provider must perform a non-compliance review. This review involves the completion of a desk investigation (attempting to contact the client) and notifying the CBSA of any unresolved issues.

**Low and medium intervention** cases should follow pre-established service standards in relaying information to the CBSA (service standard for the transfer of information for these intervention levels is 60 minutes from the time of incident).

**High intervention cases** should be forwarded to the CBSA immediately by calling the regional CBSA inland office (service standard for the transfer of information for this level of intervention is 30 minutes from the time of incident).

*Please consult your organization's MOU for a detailed outline of the specific response times and actions to be taken in the event of a breach.*





## Enforcement Phase

### CCMS Report of Non-Compliance Form (BSF807)

The *CCMS Report of Non-Compliance* (BSF807) is to be completed by the service provider following any and all non-compliance reviews.

The form is to be used to outline, in detail:

- When the incident occurred and the element(s) of the individuals release and/or ATD programming where non-compliance occurred;
- All mitigation actions undertaken as a result of those actions;
- All individuals consulted while trying to address the non-compliance, to assist the CBSA in completing their subsequent desk investigation;
- Any new, relevant, information regarding an individual's risk assessment; and,
- Whether a resolution was achieved, and the details of the resolution, when applicable





## Enforcement Phase (continued)

The completed *BSF807* should be sent via the WinZip software email protocol to the CLO as a follow-up to your call with the CLO/Duty Manager. The service provider and the CLO will work together to identify and action all non-compliance. CCMS non-compliance review outcomes include:

1. **Status Quo:** No change to programming
2. **Escalation:** Increased intervention required on the part of the CBSA/service provider to maintain compliance
3. **Withdrawal of Services:** Service provider withdraws supervision due to multiple instances of non-compliance/eligibility of individual



## Enforcement Phase Escalation Process

- A recommendation to escalate an individual may be made by the service provider or the CBSA when there are circumstances present that suggest the current CCMS Supervision Agreement is not sufficient to mitigate the risk the individual may pose.
- These recommendations must be documented on the *CCMS Change of Conditions Form* (BSF806) to identify the new proposed set of conditions and services that the service provider wishes to be imposed on the individual.
- Upon receipt of a recommendation to escalate an individual, the CLO, in consultation with the IRB as required, will determine the appropriateness of the recommendation and make a decision. This includes drafting a revised *Change of Conditions Form* (BSF806) to outline the adjusted programming, in consultation with the service provider.
- If the CBSA or IRB makes a decision to escalate an individual within the CCMS program, the service provider must meet with the individual to explain the changes to their programming and why. This meeting is to occur within three (3) calendar days to communicate the revised ATD plan.

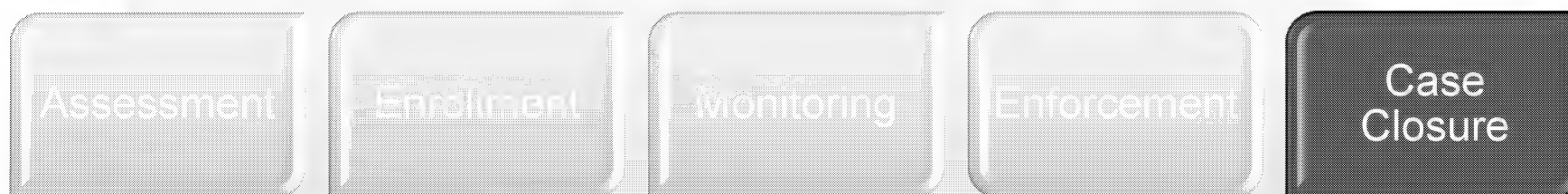


## Enforcement Phase Withdrawal of Services

- A Withdrawal of Services is to be undertaken when an individual's behaviour changes negatively, and/or they become uncooperative. The participant may indicate to you as the case worker that they no longer agree with the imposed conditions, or through a breach in the conditions as stated on their CCMS Supervision Agreement (or corresponding / updated conditions outlined on the subsequent BSF807 form(s)).
- The service provider must inform the CLO via telephone no more than six (6) hours from the time of the recommendation to withdraw supervision services and this information must be documented in the *CCMS Report of Non-Compliance Form* (BSF807).
- The CBSA will work with the service provider to resolve any issues resulting in the recommended withdrawal of a participant, to ensure that all mitigation measures have been considered and/or exhausted.
- Further consultation with the IRB may be required by the CBSA before the participant can officially be withdrawn from the program.



## Case Closure



Case Closure can be the result of various potential case resolutions/outcomes:

- An individual has shown success with community programming and no longer requires monitoring: **reduced to other terms and conditions as required**
- An individual's immigration status changes: **remain in Canada**
- An individual is **removed** from Canada
- An individual is **withdrawn** from CCMS programming

The service provider will complete and forward the *CCMS Change of Conditions Form* (BSF806) and forward it to the CLO. Upon receipt of a recommendation to discharge an individual from the CCMS program, the CLO will review the recommendation and notify the IRB ID (as required). When the decision to discharge an individual from CCMS programming is made by the CBSA and/or the IRB ID, the CLO will notify you as soon as possible.

The decision to discharge an individual from CCMS programming resides with the CBSA and/or the IRB.



## CCMS Contract Reporting

- Within ten (10) days of the end of each calendar month, the service provider must prepare and forward to the CBSA, information related to the provision of services under this contract within a prescribed format agreed to by the CBSA and the service provider head office.
- After consensus has been reached between you and the CLO, the CLO will forward the monthly reports to the ATD NHQ team for data analysis and national roll-up.
- Monthly reporting is to be replicated in an annual report, for the period of April 1 to March 31 of any given year with the service provider drafting a list of all individuals who have been on the CCMS program for more than 365 days.
- Please reference your organization/chapter's MOU or Statement of Work for a complete breakdown of statistics to be provided.



## External Communications

- The CCMS service provider must obtain the CBSA's approval prior to any ATD related presentation/information session, media inquiry responses, use of CBSA logo or planned announcements regarding the CBSA ATD Program.
- The responsibility for communications with outside agencies related to the administration of the CCMS program, or any individual enrolled under the program, rests with the CBSA.
- All requests for communications document approval must be forwarded to the CLO who will then work with CBSA NHQ directly.



## **For More Information**

Contact your Regional Community Liaison Officer

**Pacific Region**

**Prairie Region**

**Greater Toronto Area Region**

**Southern Ontario Region**

**Northern Ontario Region**

**Quebec Region**

**Atlantic Region**



# Annex





## Voice Reporting (VR)

### Annex A

- VR allows individuals to report to the CBSA using their biometric voice print to confirm identity and fulfill a reporting condition as an alternative to in-person reporting. It is appropriate for individuals who have a history of non-compliance or pose a heightened risk to complying with immigration program requirements.
- VR adds the ability to capture an individual's physical location at the time of their reporting through Global Positioning System (GPS) functionality of their phones, and using cell phone tower triangulation. In instances where an individual fails to comply, this functionality is intended to assist the CBSA in initiating an investigation into their whereabouts.
- This new technology is less onerous for the individual when compared to in-person reporting as it does not require the individual attend a CBSA office. It is particularly well suited to individuals in remote or distant locations for whom in-person reporting would not be possible, or less practical.
- Service providers may be asked to allow an ATD participant to call the VR system from a land line in their facility in situations where they lack a cell phone.



# Electronic Monitoring (EM)

## Annex B

- The **EM pilot in the Greater Toronto Area and Quebec Regions** and the CBSA is currently undertaking a comprehensive analysis of program viability and the possibility of expanding EM programming into other regions.
- The CBSA has partnered with Correctional Service of Canada (CSC) to leverage technology and their National Monitoring Centre (NMC) already established through their pilot.
- EM requires the installation of an ankle monitor and a radio frequency device in the individual's place of residence and involves ongoing real-time monitoring of high-risk individuals in the community.



## Annex C

# CCMS Funding Request Form

ATD CCMS Funding Request Form	
Unique Client Identifier (UCI)	
Service Provider Reference Number (e.g. Invoice, internal tracking number)	
Region	
Date of Request (dd/mm/yyyy)	
ATD Service Provider	
Level of ATD services (HR or MR)	
Is the CLO aware of this request?	
Category of services for this request (Health-Mental Health-Addiction-Employment-Housing-Child)	
Detailed description of expenses	
Anticipated duration of services	
Cost per item (e.g. per day/dose)	
Total Funding Request	
How will this request help support the CBSA's mandate?	
Comments	
CBSA Management Approval	

### UPDATED EM Pilot CLIENT LIST:

#	EM CLIENT NAME & UCI	EM ID	CBSA PILOT / SELF-PAY	IEO ASSIGNED
1		1-0002		BILLY
2		1-0003	CBSA PILOT	BILLY
3		1-0019	CBSA PILOT	BILLY
4		1-0025	CBSA PILOT	LISA
SINCE COVID-19 PANDEMIC (MARCH 2020)				
5		1-0018	CBSA PILOT – Released on EM June 5 <sup>th</sup>	FOY
6		1-0045	CBSA PILOT – Released on EM June 12 <sup>th</sup>	JAMES
7		1-0049	CBSA PILOT – Released on EM September 4 <sup>th</sup>	FOY
8		1-0050	CBSA PILOT – Released on EM September 15 <sup>th</sup>	ANRAN
9		1-0037	CBSA PILOT – Released on EM October 6 <sup>th</sup>	FARUQ
10		1-0051	CBSA PILOT – Released on EM October 10 <sup>th</sup>	FARUQ
11		1-0054	CBSA PILOT – Released on EM January 5	FYFE
12		1-0055	CBSA Pilot- Released on EM January 27	JAMES
13		1-0056	CBSA Pilot – Released on EM February 3	FARUQ

### UPDATED EM CLIENT LIST:

12	1-0057	CBSA Pilot – Released on EM February 9	DOROTA
13	1-0059	CBSA Pilot – Released on EM February 20	FOY
14	1-0060	CBSA Pilot – Released on EM March 3	FYFE
15	1-0061	CBSA Pilot – Released on EM March 26	James